SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (8)K07769 SPECIALIZED PLUMBING, INC. Mailing Address Principal Place of Business C/O MICHAEL R. GENTILE 4055 LEONA COURT C/O MICHAEL R. GENTILE 4055 LEONA COURT 3a. Date of Last Report MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified MERRITT ISLAND FL 32952 06/13/1995 12/17/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2862763 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt #, etc П Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GENTILE, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 82 4055 LEONA COURT **MERRITT ISLAND FL 32952** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. DAIL SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printest name of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.13(1) TITLE CR2E034 1.2 NAM8 GENTILE, MICHAEL R. NAME 13 STREET ADDRESS 4055 LEONA CT. STREET ADDRESS 1.4 CITY - ST - ZIP MERRITT ISLAND FL CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME GENTILE, DEBRA T. NAME 23 STREET ADDRESS 4055 LEONA CT. STREET ADDRESS 2 4 CITY-ST-ZIP MERRITT ISLAND FL CITY - ST - ZIP Change Addition DELETE 3.1 TiTLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAYS

DAYS