

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PH 4: 19

DOCUMENT # **K58818** (1)
1. Corporation Name
BARRY PARKER PLUMBING, INC.

Principal Place of Business Mailing Address
6291 POWERS AVENUE JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1989	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2923468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARKER, BARRY E. 1119 LIDO ROAD JACKSONVILLE FL 32216				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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.

SIGNATURE _____
Signature typed or printed below of registered agent and title, if applicable. (Print Name, Telephone Agent Signature and Job Addressed To) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND OTHER OFFICERS BY 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BARRY E.	2. NAME	
STREET ADDRESS	1119 LIDO ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4. CITY, ST, ZIP	
TITLE	VTS	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINK, BEVERLY D.	22. NAME	VTS RINK, BEVERLY D.
STREET ADDRESS	4121 SAN PABLO RD S.	23. STREET ADDRESS	8740 WATERFRONT TERRANCE
CITY, ST, ZIP	JACKSONVILLE FL	24. CITY, ST, ZIP	JAX. FL. 32217
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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 199.032(4)(b), 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 on my oath, that I am an officer or director of the corporation or the receiver or liquidator empowered to make this report or, required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or 13, if changed, or on an attached statement with conditions.

SIGNATURE: *Barry E Parker Barry E Parker* 2-17-95 904 448-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR