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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT #
1. Corporation Name

COMMERCIAL PLUMBING, INC.

	<b>. 8</b> 14 <b>08</b> (1101 <b>10</b> 14		BABA KABA KUPA

Principal Place of Business Mailing Address					11 <b>00</b> 31 <b>010</b> 11 <b>9</b> 1	III OSGII	AIDII AIBII AIBII IEBI		
7200 17TH WAY N. P.O. BOX 23214 ST. PETERSBURG FL 33742		7200 17TH WAY N. P.O. BOX 23214 ST. PETERSBURG FL 33742							
						3. Date Incorporated or Qualified			
—¬ ·	ace of Business	2a. Mailing Address				4. FEI Number 59-2942999			Applied For
Suite, Apt. 4	# otc	Suito Ant # etc				33 2042000			Not Applicable
22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×	•	75 Additional se Required
City & State	1	City & State		•		6. Election Campaign Financing			.00 May Be
23		28				Trust Fund Contribution			ded to Fees
Zip	Country	Zιρ	Cour	ntry		8. This corporation has liability for in	ntangible tax	unde	rs 199.032,
24	25	29	30			Florida Statutes  Yes			
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	
# ISTI	CE, ROBERT H., JR.			ا''	, mame				
	IZTH WAY N.			82	Street Addr	ress (P.O. Box Number is Not Acceptable	0)		
	TERSBURG FL 33702		<u> </u>	83			·		
			}	84	Cà.			T1	<del></del>
			ŀ		City		FL	85	Zip Code
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	nda. Such change was authoriz	zed by the o	ve-m orpx	iamed corpor oration's boai	ration submits this statement for the purp ro of directors. I hereby accept the appo	ose of char intment as r	iging i egiste	Is registered office red agent. I am
	Signature, typed or printed name of registered age			Agen	t signature require	o when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICE			
TITLE	JUSTICE, ROBERT H., JR.	☐ DELETE	1. 1 Til		l			Chang	ge 🔲 Addition
NAME STREET ADDRESS	7200 17TH WAY N		1.2 NA		1000000				
CITY - ST - ZIP	ST. PETERSBURG FL		I		ADDRESS				
TIFLE		DELETE	2 1 TII		1- ZIP			Chang	e Addition
NAME			2 2 NAI					0	, I Hooman
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP			2 4 CIT	Y - S1	T-ZIP				
TITLE		☐ DELETE	3 1 TIT	LΕ				Chang	e 🔲 Addition
NAME			3 2 NA	ME					
STREET ADDRESS			3 3 ST	REET	ADDRESS				
CHTY - ST - ZIP		F-1 DECEME	3 4 CIT		1-7IP				
DILE	i	T DELETE	4. 1 TiT				L.J	Chang	ge 🔲 Addition
NAME CTUCET ANNOESE			4.2 NAI		*DDDECC				
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP THILE		DELETE	4.4 CIT 5. 1 TiT		1-211			Chang	e 🔲 Addition
NAME		[] *******	5.2 NA				L	onang	- Nation
STREET ADDRESS			i		ADDRESS				
CiTY-ST-7IP			5.4 CIT						
TITLE		☐ DELETE	6 1 TIT					Chang	je 🔲 Addition
NAME			6 2 NA	ME	1			_	_
STREET ADDRESS					ADDRESS				ļ
CHTY-ST-ZIP			6.4 CIT	Y - \$1	T-21P				
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn				or the exemption stated in Section 119.0	7(3)(k) Ekorie	da Sta	tutes Lifurther

certify that the information indicated on this and it report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the constraint or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed or on an attachment with an address.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISTINCT PRINTED VA-15: 96 8/35275576