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**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K99194 (8)
1. Corporation Name
MCDONALD PLUMBING CO., INC.



Principal Place of Business: **824 JAMES LEE ROAD FT. WALTON BEACH FL 32547 US**
Mailing Address: **824 JAMES LEE RD FT. WALTON BEACH FL 32547-2222 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1989	3a. Date of Last Report 02/27/1996
21. Subst. Apt. #, etc.	22. City & State	26. Subst. Apt. #, etc.	27. City & State	4. FEI Number 59-1099373	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MCDONALD, CHARLES L 824 JAMES RD. FR. WALTON BEACH FL 32547				10. Name and Address of New Registered Agent	
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 agent 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 607.1505, Florida Statutes.				81. Name	
SIGNATURE: <i>[Signature]</i> NOT REQUIRES - NO CHANGE				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	

9. Name and Address of Current Registered Agent
**MCDONALD, CHARLES L
824 JAMES RD.
FR. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 agent 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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* **NOT REQUIRES - NO CHANGE**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCDONALD, CHARLES L	
STREET ADDRESS	824 JAMES LEE ROAD	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, C. D.	
STREET ADDRESS	824 JAMES LEE ROAD	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, J. B.	
STREET ADDRESS	824 JAMES LEE ROAD	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, JOE G	
STREET ADDRESS	824 JAMES LEE RD.	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information reported 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/8/97** **(904) 812-2151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CHARLES L. MCDONALD**

Date: Daytime Phone #

CR2E034 (9/96)