SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L39068** **(6)**

1. Corporation Name
COASTAL PLUMBING & PIPING, INC.

Principal Place of Business	Mailing Address
25 INDUSTRIAL ST FT WALTON FL 32548 US	P. O. BOX 478 471 SARA AVENUE. P. O. BOX 401 FT. WALTON BEACH FL 32549 US

3. Date Incorporated or Qualified: 01/01/1990
3a. Date of Last Report: 05/01/1995

21 2. Principal Place of Business	26 2a. Mailing Address: P.O. BOX 478
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc: 25 INDUSTRIAL ST.
23 City & State	28 City & State: FT. WALTON BCH, FL
24 Zip / 25 Country	29 Zip: 32549 / 30 Country: USA

4. FEI Number: 59-2985052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRICE, STANLEY BARTON 471 SARA AVENUE MARY ESTHER FL 32569	81 Name: PRICE, STANLEY B. 82 Street Address (P.O. Box Number is Not Acceptable): 7 NEPTUNE DR. 83 [redacted] 84 City: MARY ESTHER FL 85 Zip Code: 32569

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.

SIGNATURE: [signature] STANLEY B. PRICE PRES. 7-29-96
Signature of New Registered Agent, if changed, or of Old Registered Agent, if applicable (NOTE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	PRICE, STANLEY BARTON		1.2 NAME	PRICE STANLEY BARTON	
STREET ADDRESS	71 SARA AVE.		1.3 STREET ADDRESS	7 NEPTUNE DR.	
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	S	☐ DELETE	2.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	PRICE, MURLINE DEE		2.2 NAME	PRICE, MURLINE DEE	
STREET ADDRESS	471 SARA AVENUE		2.3 STREET ADDRESS	7 NEPTUNE DR.	
CITY-ST-ZIP	MARY ESTHER FL		2.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME			3.2 NAME	CARTWRIGHT, GREGORY B.	
STREET ADDRESS			3.3 STREET ADDRESS	471 SARA AVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: [signature] STANLEY B. PRICE PRES 7-29-96 (904) 243-4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #