SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Maiting Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66000

R.B.M. PLUMBING INC.

Principal Place of Business

(5) 47-AR

FILED

97 JUL 21 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

947 JOSIANE COURT SUITE 1004 ALTAMONTE SPRINGS FL 32701 US		947 JOSIANE COURT SUITE 1004 ALTAMONTE SPRINGS FL 32701 US		DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	st Report	
		•		04/13/1990			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1 na/50/18	Applied For
21 810 BORDE DEL CAMIPU 28 P.O. BOX 16/803				5	59-3004962	<u> </u>	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		5 Additional Required
City & State 23 Altamorte Springs Fl. 28 Altamorte Springs Fl.				MS. FL	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24 327	14 25 Semi vole	29 327/6 3	dountry o Se	nipole	This corporation owes or has pa Personal Property Tax due June	d the current year	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
MAHLER, RONALD B 81 Name							
810 BORDE DEL CAMINO ALTAMONTE SPRINGS FL 32714				82 Street Address (P.O. Box Number is Not Acceptable)			
			84	City	10/4/4	FL 85 2	ip Code
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							
Signature							
Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required w						DATE	1000 1140
TITLE	PS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
NAME	MAHLER, RONALD B	beer					. – .
STREET ADDRESS	810 BORDE DEL CAMINO		1.2 NAME		9000,02,2	50308	39
	ALTAMONTE SPRINGS FL		1.3 STREET ADDRESS		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	9701036- 1.00 ****	165.00
CITY-ST-ZIP TITLE	ALIMIONIE OF MINOS IL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE				
NAME		pecere	2.1 TITLE 2.2 NAME			☐ Chang	ge L Addition
STREET ADORESS			1	1000000			
CITY-ST-ZIP			2.3 STREET				
TITLE		☐ DELETE	2.4 CITY - S 3.1 TITLE	51-ZIP		Chang	e Addition
NAME			3.2 NAME				le T vodition
STREET ADDRESS			3.3 STREET	ADDRESS			İ
CITY-ST-ZIP			3.4. CITY-5	ſ			
TITLE		DELETE	4.1 TITLE	51-24		Chang	e Addition
NAME			4.2 NAME				,
STREET ADDRESS			4.3 STREET	AUDRESS			
CITY-ST,ZIP		•	4.4 CITY-S				ŀ
TITLE		DELETE	5.1 TITLE	, - 24		☐ Chang	je Addition
NAME .			5.2 NAME			V	7 (2) 7 (20) (7)
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE			Chanc	e Addition
NAME			6.2 NAME			- Viding	- La redicoit
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY+S				İ
14. I do hereb	y certify that the information supplied v	rith this filing does not qualify for	or the eve	mplion state	ed in Section 119.07(3)(i), Florida Statutes	I further certify th	nat 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 ecorporation 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 paraddress.							