FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **L68076** **(3)**

1. Corporation Name
COARSEY PLUMBING, INC.

Principal Place of Business
% CAROL A. COARSEY
2127 49TH ST. EAST
PALMETTO FL 34221

Mailing Address
% CAROL A. COARSEY
2127 49TH ST. EAST
PALMETTO FL 34221

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/24/1990**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **65-0196367** [ ] Applied For [ ] Not Applicable
5. Check if Not Stock Corporation [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This organization has liability for intangible taxes under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
COARSEY, CAROL A.
2127 49TH ST. EAST
PALMETTO FL 34221

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] 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. [illegible] Corporation Subsection [illegible] and has chosen to accept the appointment as registered agent. I am familiar with, and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
D COARSEY, CAROL A. 2127 49TH ST EAST PALMETTO FL	[ ]
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change / Addition
	[ ] [ ]
	[ ] [ ]
	[ ] [ ]
	[ ] [ ]
	[ ] [ ]
	[ ] [ ]

14. I do hereby certify that the information supplied with this Annual Report, if filed voluntarily, is true and correct to the best of my knowledge, in accordance with Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and correct to the best of my knowledge. I hereby acknowledge 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 attached sheet.

SIGNATURE: [signature] 3-25-96 941-747-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034 (12/95)