

**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. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L71039 (6)
 1. Corporation Name
ANTHONY'S PLUMBING CONTRACTING, INC.



Principal Place of Business 124 OLIVE TREE CIRCLE ALTAMONTE SPRINGS FL 32714-3239	Mailing Address 124 OLIVE TREE CIRCLE ALTAMONTE SPRINGS FL 32716-1665 US
---	--

2. Principal Place of Business 21 169 West Maine Avenue Suite, Apt #, etc 22 City & State 23 Longwood, Florida Zip Country 24 32750-5480 U.S.A.	2a. Mailing Address 26 169 West Maine Avenue Suite, Apt #, etc 27 City & State 28 Longwood, Florida Zip Country 29 32750-5480 U.S.A.	3. Date Incorporated or Qualified 05/07/1990	3a. Date of Last Report 04/17/1995	4. FEI Number 59-3003249 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	--	---	--	--	--

9. Name and Address of Current Registered Agent
**GIOIA, GARY
 124 OLIVE FREE CIRCLE
 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent
 81 Name
GIOIA, GARY
 82 Street Address (P.O. Box Number is Not Acceptable)
306 Twelve Oaks Drive
 83
 84 City
Winter Springs **FL** 85 Zip Code
32708

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 _____ (NOTE: If a shared agent signature required when reinstating, DATE _____)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIOIA, GARY	
STREET ADDRESS	124 OLIVE TREE CIRCLE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GIOIA, GARY	
13 STREET ADDRESS	306 Twelve Oaks Drive	
14 CITY - ST - ZIP	Winter Springs, FL 32708	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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:  **GARY GIOIA** June 30, 1996 (407)331-4662
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)