

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L71478 (6)
1. Corporation Name
BAYSHORE PLUMBING, INC. OF TAMPA



Principal Place of Business
5445 MARINER DR
#113
TAMPA FL 33609
US

Mailing Address
P.O. BOX 13428
TAMPA FL 33681
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3010741	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MASSICOTTE, RONALD PAUL				<input type="checkbox"/> \$8.75 Additional Fee Required	
3218 WEST VILLA ROSA STREET				6. Election Campaign Financing	
TAMPA FL 33611-2945				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		1.2 NAME					
STREET ADDRESS		1.3 STREET ADDRESS					
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
2. TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2. NAME		2.2 NAME					
2. STREET ADDRESS		2.3 STREET ADDRESS					
2. CITY-ST-ZIP		2.4 CITY-ST-ZIP					
3. TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3. NAME		3.2 NAME					
3. STREET ADDRESS		3.3 STREET ADDRESS					
3. CITY-ST-ZIP		3.4 CITY-ST-ZIP					
4. TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4. NAME		4.2 NAME					
4. STREET ADDRESS		4.3 STREET ADDRESS					
4. CITY-ST-ZIP		4.4 CITY-ST-ZIP					
5. TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. NAME		5.2 NAME					
5. STREET ADDRESS		5.3 STREET ADDRESS					
5. CITY-ST-ZIP		5.4 CITY-ST-ZIP					
6. TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6. NAME		6.2 NAME					
6. STREET ADDRESS		6.3 STREET ADDRESS					
6. CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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]* 4/17/98 813 288-9592

CR2E034 (10/97)