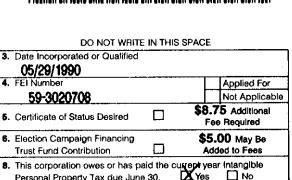
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)BIG JOHN PLUMBING, INC. Principal Place of Business Mailing Address % J. HAROLD ELKINS **% J. HAROLD ELKINS 8061 MERRILL RD** 6061 MERRILL RD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Date Incorporated or Qualified 05/29/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3020708 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Ζıρ Country Personal Property Tax due June 30. 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELKINS, J. HAROLD 6061 MERRILL RD Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32277 83 City 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**

FILED Mar 12 1998 8:00am Secretary of State



Signature, typed or printed name of regulated agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE HOUSLEY, JOHN 1.2 NAME NAME 2113 LARRY DR W STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE HOUSLEY, SHERRI 2.2 NAME NAME 2113 LARRY DR. W. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SHERRI HOUSIEN

26/98

Zip Code