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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M72854 (6)
1. Corporation Name
CICCIARELLI PLUMBING, INC.



Principal Place of Business Mailing Address
% LEE A. CICCIARELLI % LEE A. CICCIARELLI
4923 WILLIAMS RD. 4923 WILLIAMS RD.
MILTON FL 32571 MILTON FL 32571-2627

3. Date Incorporated or Qualified 03/21/1988 3a. Date of Last Report 03/21/1996
4. FEI Number 59-2874858 Applied For Not Applicable
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CICCIARELLI, LEE A.
4953 WILLIAMS RD.
MILTON FL 32571

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lee A. Cicciarelli

4-6-97

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME CICCIARELLI, LEE A.
STREET ADDRESS 1869 WILLIAMS ROAD
CITY-ST-ZIP MILTON FL
TITLE D ☐ DELETE
NAME CICCIARELLI, SANDRA L.
STREET ADDRESS 1869 WILLIAMS ROAD
CITY-ST-ZIP MILTON FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Pres. ☒ Change ☐ Addition
12 NAME Lee A. Cicciarelli
13 STREET ADDRESS 4923 Williams Rd
14 CITY-ST-ZIP Pace, FL 32571
2.1 TITLE V.P. ☒ Change ☐ Addition
22 NAME Sandra L. Cicciarelli
23 STREET ADDRESS 4923 Williams Rd.
24 CITY-ST-ZIP Pace, FL 32571
3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Sandra L. Cicciarelli, Sandra L. Cicciarelli, 4-7-97, 904-994 6713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0492367

CR2E034 (9/96)