

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 # M73812 (3)

1. Corporation Name
PLUMBERSMITH & ASSOCIATES, INC.



Principal Place of Business 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH FL 32548-3858	Mailing Address 243 NW HOLLYWOOD BLVD FT. WALTON BEACH FL 32548-3858
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3. Date Incorporated or Qualified 03/25/1988	3a. Date of Last Report 04/14/1995
4. FEI Number 59-2898134	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

**JOHNSON, ELIZABETH M.
92 HILL AVE.
FT. WALTON BEACH FL 32548**

81 Name Johnson, Julian D.
82 Street Address (P.O. Box Number is Not Acceptable) 243 NW Hollywood Blvd.
83
84 City Ft. Walton Beach
85 Zip Code FL 32548

11. Pursuant to the provisions of Sections 607.0602 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: *Julian D. Johnson*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME JOHNSON, ELIZABETH M.	
STREET ADDRESS 92 HILL AVE.	
CITY-ST-ZIP FT. WALTON BCH. FL	
TITLE D	<input type="checkbox"/> DELETE
NAME JOHNSON, JULIAN D.	
STREET ADDRESS 92 HILL AVE.	
CITY-ST-ZIP FT. WALTON BCH. 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

1.1 TITLE SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Johnson, Elizabeth M.	
1.3 STREET ADDRESS 243 NW Hollywood Blvd.	
1.4 CITY-ST-ZIP Ft. Walton Beach FL 32548	
2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Johnson, Julian D.	
2.3 STREET ADDRESS 243 NW Hollywood Blvd.	
2.4 CITY-ST-ZIP Ft. Walton Beach FL 32548	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julian D. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date: Daytime Phone #

CR2E034 (12/95)