## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1	1996 DIVISION OF CORPORATIO		NS				
DOCUN 1. Corporation		M99102	(9)				
DIAL F	PLUMBING OF	BREVARD, INC.					
Principal Place of	of Business	Mail	ng Address			···	8/48 1181 8/81 8/8/1 8/4/4 81811 8/8/1 6/8/1 CAR
C/O JON M	. MYERS	(	C/O JON M. MYERS			,	
840 BREVARD AVE STE C ROCKLEDGE FL 32955			840 BREVARD AVE STE C ROCKLEDGE FL 32955				
HOUNLEDGE	: PL 32800		NOONLEDGE FL 3290	13		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Plac	ce of Business	20 1	Vailing Address			09/19/1988 4. FET Number	01/13/1995 Applied For
21	ce or business	26	vialling Flucious			59-2912728	Not Applicable
Suite, Apt. #	, etc.	<b>├</b> ─¬	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		27	City & State			6. Election Campaign Financing	Fee Required
23		28	only o ordine			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		· —	'lp	Country		8. This corporation has liability for	*
24	25 25 Name and Ad	29 dress of Current Register	red Agent	[30]		Florida Statutes [] You  10. Name and Address of New I	s No Registered Agent
	<b>J.</b>			81	Name		<del> </del>
MYERS,	, JON M.			82	Street Add	ress (P.O. Box Number is Not Accepta	hle;
	evard ave			83		,	
STE C	EDGE FL 32955						
HOUNL	EDGE FL 32800			84	City		FL 85 Zip Code
11. Pursuant to	the provisions of S	ections 607.0502 and 607.	1508, Florida Statute	es, the above na	med corpo	ration submits this statement for the pured of directors. Thereby accept the app	urpose of changing its registered office
familiar with	n, and accept the ob	bligations of, Section 607.05	505, Florida Statutes.	er by the corpor	CHOOL S LOS	ыстоп апселога. т неголу асобри тис а <sub>рд</sub>	TOTAL AS TEG STORED AGENT. I BITT
SIGNATURE.	Signature, typed or printed n	ame of registered agent and little if app	stoatile (NC)	'E. Frogistened Agency	SINDER LESS OFFICE FOR STOLLER	Lyber to next to si	DATE
12.		OFFICERS AND DIRECT	makes a company of the second of the second	13.		And a second comment of the second control o	FICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1. 1 TOBLE			Change Addition
NAME exercis appended	MYERS, JON	M. D AVE, SUITE C		1.3 STREET A	DDDECC		
STREET ADDRESS CITY-ST-ZIP	ROCKLEDGE			1.4 CITY - ST-			
TITLE		<del></del>	DELETE	2 1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET A			
CITY-SI-ZIP TITLE			DELFTE	2.4 CITY - ST - 3.1 TITLE	ZIP		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				33 STREET A	DDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4 Crty - ST-	ZIP		Change Addition
NAME			☐ occent	4.2 NAME			C ontaings C Passinon
STREET ADDRESS				4.3 STHEET A	DORESS		
CITY - ST- ZIP				44 CITY - \$1-	712		
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NAME STREET ADDRESS				5.2 NAME 5.3 STREET A	ODRESS		
CITY-ST-ZIP				5.4 CITY - ST -			
TITLE			DELETE.	6 1 1 ITLE			Change Addition
NAME				6.2 NAME	ne hear		
STREET ADDRESS				6.3 STREET A			
14. I do hereby	certify that the infor	mation supplied with this fil	ing is voluntarily furni	£40IY-SI- shed and does	not qualify t	for the exemption stated in Section 119	).07(3)(k), Florida Statutes I further
certify that to eath; that t	the information indic am an officer or dire	ated on this annual report of actor of the corporation or t	or supplemental annu he receiver or trustec	oal report is true empowered to	and accura	ate and that my signature shall have the is report as required by Chapter 607, F	e same legal effect as if made under 🔝 📙
appears in l	Block 12 or Block 1	3 if changed, or on an attac	chment with an addre	ess.		<b>3</b> 1	
SIGNATI	URE:/	MIT				111196	407-632-2663
	/SIGMA	TURE AND TYPED OR PRINTED N	AME OF SIGNING OFFICE	H OR DIRECTOR		D.P.	Daytner Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR