


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000001642 (8)</b>			
1. Corporation Name <b>POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AND COOLING CONTRACTORS, INC.</b>			
Principal Place of Business <b>1815 STERLING DR. LAKELAND FL 33813</b>		Mailing Address <b>1815 STERLING DR. LAKELAND FL 33813-1951</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country	
3. Date Incorporated or Qualified <b>04/13/1993</b>		3a. Date of Last Report <b>04/17/1996</b>	
4. FEI Number <b>59-3204893</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CHRITTON, CHARLES P 5300 SOUTH FLORIDA AVE. LAKELAND FL 33813</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	THOMAS, DOUG		
STREET ADDRESS	2827 PARKWAY ST		
CITY-ST-ZIP	LAKELAND FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	GARBER, SAM		
STREET ADDRESS	8041 MAGNOLIA RIDGE DR		
CITY-ST-ZIP	LAKELAND FL		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	MURPHY, KEVIN		
STREET ADDRESS	2118 WILDWOOD LANE		
CITY-ST-ZIP	AUBURNDAL FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ALBERTS, DAVID		
STREET ADDRESS	3133 GALLOWAY ROAD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BAYHAN SR., DAVID		
STREET ADDRESS	902 S. GOLDEN RULE COURT		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KONTAY, WARREN J.		
STREET ADDRESS	1815 STERLING DRIVE		
CITY-ST-ZIP	LAKELAND FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Garber, Sam		
1.3 STREET ADDRESS	8041 Magnolia Ridge Dr		
1.4 CITY-ST-ZIP	Lakeland FL		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Rawlings, Ken		
2.3 STREET ADDRESS	3921 Water Oak Drive		
2.4 CITY-ST-ZIP	Lakeland FL 33809		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Kevin R. Murphy</u> Sec/Treas. 4/1/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053080			

CR2E037 (9/96)