

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001642 (8)**  
1. Corporation Name

**POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AND  
D COOLING CONTRACTORS, INC.**

Principal Place of Business <b>1815 STERLING DR. LAKELAND FL 33813</b>	Mailing Address <b>1815 STERLING DR. LAKELAND FL 33813</b>
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2. Principal Place of Business <b>21 700 Kensington St.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lakeland, Florida</b> Zip <b>24 33803</b>	2a. Mailing Address <b>26 700 Kensington St.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lakeland, Florida</b> Zip <b>29 33803</b> Country <b>25 U.S.</b>
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3. Date Incorporated or Qualified <b>04/13/1993</b>	Applied For <b>59-3204893</b> Not Applicable
4. FEI Number <b>59-3204893</b>	
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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRITTON, CHARLES P  
5300 SOUTH FLORIDA AVE.  
LAKELAND FL 33813**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAWLINGS, KEN</b>	
STREET ADDRESS	<b>3921 WATER OAK DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARBER, SAM</b>	
STREET ADDRESS	<b>8041 MAGNOLIA RIDGE DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURPHY, KEVIN</b>	
STREET ADDRESS	<b>2118 WILDWOOD LANE</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ALBERTS, DAVID</b>	
STREET ADDRESS	<b>3133 GALLOWAY ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BAYHAN SR., DAVID</b>	
STREET ADDRESS	<b>902 S. GOLDEN RULE COURT</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KONTAK, WARREN J.</b>	
STREET ADDRESS	<b>1815 STERLING DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEVIN MURPHY</b>	
1.3 STREET ADDRESS	<b>215 FARMER BROWN RD.</b>	
1.4 CITY-ST-ZIP	<b>LAKELAND, FL</b>	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KEN RAWLINGS</b>	
2.3 STREET ADDRESS	<b>3921 WATER OAK DR.</b>	
2.4 CITY-ST-ZIP	<b>LAKELAND, FL</b>	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DAVID SMITH</b>	
3.3 STREET ADDRESS	<b>700 KENSINGTON ST.</b>	
3.4 CITY-ST-ZIP	<b>LAKELAND, FL</b>	
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 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:

*David Smith* 5-8-98 (44) 683-5357

CR2E037 (10/97)