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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P92000015407	(9)
1. Corporation Name		• •

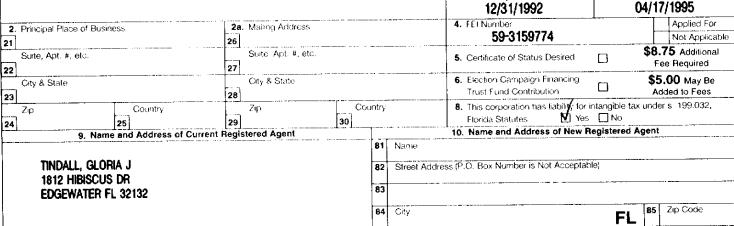
TINDALL PLUMBING, INC.

1812 HIBISCUS DRIVE EDGEWATER FL 32132 US

Principal Place of Business

Mailing Adoress

1812 HIBISCUS DRIVE EDGEWATER FL 32132 US



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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.

Signal one Signal we typed or printed rame of my creed agent and the idlation in the 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD DELET	TE 1 1 TITLE	Change Addition	
NAME	TINDALL, JAMES W	1.2 NAME		
STREET ADDRESS	2031 KUMQUAT DR	1.3 STREET ADORESS		
City - ST - ZiP	EDGEWATER FL	1.4 CHY+ST-ZIP		
TIFLE	V\$D DELE	It 2.1 T-TLE	Change Addition	
NAME	TINDALL, GLORIA J	2.2 NAME		
STREET ADDRESS	2031 KUMQUAT DR	2.3 STPEE1 ACORESS	'	
CITY - ST - ZIP	EDGEWATER FL 32141	2 4 CITY - ST - ZIF		
TITLE	DELE	TE 3 1 THILE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 SPREEL ADDRESS		
CITY - ST - ZIP		3.4 CI 'Y - ST - ZIP		
TITLE	☐ D€LE	If 4.1 THUE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY - ST - ZIP		4.4.CHY-S1-ZIP		
TITLÉ	□ OELF	TE 5.1 TITLE	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-SI-ZIP		5 4 C(5Y - S1 - ZIP		
TITLE	DELE	TE 6.1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-7IP		6.4 CITY - ST - ZIP		

14. Ido hereby certify that the information supplied with this filing is voluntarily turnished 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 attacting of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/96 (90)/2

3a. Date of Last Report

3. Date Incorporated or Qualified

CR2E034 (12/95)