

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000013916 (0)**

1. Corporation Name:  
**DAVID PLUMBING, INC.**



Principal Place of Business: **7321 MAMOUTH STREET ENGLEWOOD FL 34224**  
 Mailing Address: **7321 MAMOUTH STREET ENGLEWOOD FL 34224-9623**

3. Date Incorporated or Qualified: **02/17/1993**  
 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **65-0467656**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **7321 MAMOUTH STREET ENGLEWOOD FL 34224**  
 2a. Mailing Address: **7321 MAMOUTH STREET ENGLEWOOD FL 34224-9623**  
 21. Suite, Apt. #, etc.:  
 22. City & State:  
 23. Zip: **34224** Country:  
 24. Zip: **34224** Country:

9. Name and Address of Current Registered Agent:  
**GUTZ, DAVID J**  
**7321 MAMOUTH STREET**  
**ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent:  
 81 Name:  
 82 Street Address (P.O. Box Number is Not Acceptable):  
 83:  
 84 City: **FL** 85 Zip Code:

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GUTZ, DAVID J</b>
STREET ADDRESS	<b>7321 MAMOUTH ST</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>GUTZ, SHELLEY</b>
STREET ADDRESS	<b>7321 MAMOUTH ST</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Edward Brzozowski</b>
1.3 STREET ADDRESS	<b>19171 Waterbury Ct.</b>
1.4 CITY-ST-ZIP	<b>Port Charlotte FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shelley Gutz, Vice President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9414750781  
 Date Daytime Phone #

CR2E034 (9/96)