

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000028747 (2)**

1. Corporation Name

PLUMB OF WEST FLORIDA, INC.



Principal Place of Business

Mailing Address

**2672 MEGAN COURT
PALM HARBOR FL 34684**

**2672 MEGAN COURT
PALM HARBOR FL 34684**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

**RITZ, ROBERT E
2672 MEGAN COURT
PALM HARBOR FL 34684**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, type or print name of registered agent and the corporation

DATE Registered Agent's signature prepared (whichever filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	RITZ, ROBERT E	2672 MEGAN COURT	PALM HARBOR FL 34684	<input type="checkbox"/>
D	RITZ, DIANE	2672 MEGAN COURT	PALM HARBOR FL 34684	<input type="checkbox"/>
D	RITZ, DIANE	2672 MEGAN COURT	PALM HARBOR FL 34684	<input checked="" type="checkbox"/>
D	SPIDEL, KEITH	2668 MEGAN COURT	PALM HARBOR FL 34684	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
								<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

*P Ritz Robert E
1195 Ridgecrest Ct
Palm Harbor, FL 34683*

*D Diane Ritz
1195 Ridgecrest Ct
Palm Harbor, FL 34683*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 *Robert E Ritz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 813 7895 725
DATE OF FILING

CR2E034 (12/95)