
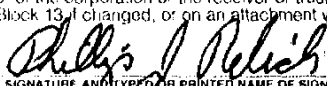


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000061467 (5)</b>			
1. Corporation Name <b>BLACKBEARD PLUMBING, INC.</b>			
Principal Place of Business <b>RT 4 BOX 924 BLACKBEARD ROAD LITTLE TORCH KEY FL 33042 US</b>		Mailing Address <b>RT 4 BOX 924 BLACKBEARD ROAD LITTLE TORCH KEY FL 33042-9603 US</b>	
2. Principal Place of Business <b>21 672 Blackbeard Road</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>		2a. Mailing Address <b>26 672 Blackbeard Road</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>08/27/1993</b>		3a. Date of Last Report <b>04/17/1996</b>	
4. FEI Number <b>65-0434306</b>		Applied For 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RELICK, PHILLIP J 672 BLACK BEARD ROAD LITTLE TORCH KEY FL 33042</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	
NAME	<b>RELICK, PHILLIP J</b>		
STREET ADDRESS	<b>672 BLACK BEARD ROAD</b>		
CITY - ST - ZIP	<b>LITTLE TORCH KEY FL</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	
NAME	<b>RELICK, MARGARET B</b>		
STREET ADDRESS	<b>672 BLACK BEARD ROAD</b>		
CITY - ST - ZIP	<b>LITTLE TORCH KEY FL</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	
NAME	<b>RELICK, CLINTON A</b>		
STREET ADDRESS	<b>672 BLACKBEARD RD</b>		
CITY - ST - ZIP	<b>LITTLE TORCH KEY FL 33042</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
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: 		Phillip J. Relick 4-3-97 (305)872-0181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)