

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Capital Building, Tallahassee, Florida

APPROVED
AND
FILED

DOCUMENT # P93000079382 (6)

5 MAY 11 AM 10:35

AMERICAN PLUMBING & SEWER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business		2a. Mailing Address	
% BRUCE R. MACAFEE 15551 PARK WAY ALVA FL 33920		% BRUCE R. MACAFEE 15551 PARK WAY ALVA FL 33920	
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/17/1993	05/01/1994
4. FEI Number	Applied For
65-0464462	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 195.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MACAFEE, BRUCE R 15551 PARK WAY ALVA FL 33920		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 195.031, 195.032, and 195.033, 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 under oath and accept the obligations of Section 195.033, Florida Statute.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P MACAFEE, BRUCE R 15551 PARK WAY ALVA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	V CATHERINE, MACAFEE 15551 PARK WAY ALVA FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		33. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		34. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		36. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		37. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		38. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		39. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		40. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		41. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		43. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		44. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		45. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		46. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		47. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		48. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		49. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		50. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 195.033, Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 195, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report or on an attachment with an address.

SIGNATURE: *Catherine Macafee*
DIRECTOR

5/9/95 813 694-8711