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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084977 (6)**

1. Corporation Name

ABLE PLUMBING, INC.

Principal Place of Business

**8437 ROSE TERRACE NORTH
SEMINOLE FL 34647**

Mailing Address

**8437 ROSE TERRACE NORTH
SEMINOLE FL 34647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2343 CR 416 N	26	2343 CR 416 N.	12/13/1993	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
				59-3216680	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Lake Panasoffkee, Fla.	28	Lake Panasoffkee, Fla.	6. Election Campaign Financing	
24	Zip	29	Zip	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROIDA, JOEL D ESQ.
605 75TH AVENUE
ST. PETERSBURG BEACH FL 33707**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable


(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVTS	1.1 TITLE	DVTS
NAME	ROGERS, CATRINA Y	1.2 NAME	Rogers, Catrina Y
STREET ADDRESS	8437 ROSE TERRACE N.	1.3 STREET ADDRESS	2343 CR 416 N.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Lake Panasoffkee, Fla. 33538
TITLE	P	2.1 TITLE	P
NAME	ROGERS, CHARLES N	2.2 NAME	Rogers, Charles N.
STREET ADDRESS	8437 ROSE TERRACE N.	2.3 STREET ADDRESS	2343 CR 416 N.
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Lake Panasoffkee, Fla. 33538
TITLE	V	3.1 TITLE	
NAME	KEVAN A ROGERS	3.2 NAME	
STREET ADDRESS	1058 60TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

 **Catrina Rogers**

4/17/98

352-793-8199

CR2E034 (10/97)