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FILED

Jan 23 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 # P94000006277 (5)

1. Corporation Name

STANDARD PLUMBING & SUPPLIES CO., INC.

Principal Place of Business

3000 E. U.S. HWY 90  
LAKE CITY FL 32025  
US

Mailing Address

PO BOX 533  
LAKE CITY FL 32056-0533  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

03/12/1996

4. FEI Number

59-3189290

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

MANGRUM, DAVID E.  
ROUTE 6 BOX 323  
LAKE CITY FL 32025

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 in familial with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE *David E. Mangrum*  
Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

14 Jan 97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MANGRUM, DAVID E  
STREET ADDRESS RT 6, BOX 323  
CITY- ST- ZIP LAKE CITY FL

TITLE SRVP ☐ DELETE

NAME MANGRUM, ANDREW D  
STREET ADDRESS RT 6 BOX 323  
CITY- ST- ZIP LAKE CITY FL

TITLE SVP ☐ DELETE

NAME MANGRUM, CHRISTOPHER  
STREET ADDRESS RT 6 BOX 323  
CITY- ST- ZIP LAKE CITY FL

TITLE ST ☐ DELETE

NAME MANGRUM, MARY A  
STREET ADDRESS RT 6 BOX 323  
CITY- ST- ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 this 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:

*David E. Mangrum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan 97 904-752-4746  
Date Daytime Phone #

CR2E034 (9/96)