PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008019 (9)

TEMPLES PLUMBING & UTILITIES, INC.

Principal	riace	Ot	Busines

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



1520 CAPITAL TALLAHASSEE	MIAL CHROLE SE P.O. BOX 13446 SSEE FL 32301 TALLAHASSEE FL 32317-3446								
				3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last Report 07/30/1996]		
	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For]	
21 120		26			59-3228197	N	ot Applicable		
Súite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22		27			Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23 79/10	hasser Fl.	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s 199 032,				
24 <i>3231</i>		[29]	30		Florida Statutes Yes No				
	9. Name and Address of Current	Hegistered Agent	8	1 No	10. Name and Address of New Reg	listered Agent		-	
	IPLES, GREG A		ľ	1 Name					
1202 REDFIELD ROAD			8	2 Street Add	dress (P.O. Box Number is Not Acceptabl	e)		1	
Tali	LAHASSEE FL 32311		_					4	
			8	3					
			8	4 City		85 Zip	Code	1	
						FL:	•		
11. Pursuant to office or reagent. I ar	o the provisions of Sections 607.0502 ogistered agent, or both, in the State of familiar with, and accept the obliga	? and 607.1508, Florida Statut of Florida. Such change was a itions of, Section 607.0505, Flo	es, the abo authorized I orida Statut	ve-named cor by the corpora es.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing i tithe appointment as	ts registered registered		
SIGNATURE	Signature, typod or printed name of registered ager	T1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	L Registerico A	gent signature requ	uired when roinstating)	DATE			
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFIC]8	
TITLE	Р	☐ DELETE	1.7 7016			Change	Addition	ģ	
NAME	TEMPLES, GREG A		1,2 NAMI	:				2	
STREET ADDRESS	1202 REDFIELD RD.		1.3 STRE	E1 ADDRESS				ļ	
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CHY	-SI - ZIP		<u> </u>		<u>أ</u> وُ	
TITLE	VP	☐ DELETE	2.11111			Change	Addition	10	
NAME		TEMPLES, SUSAN 22 NA							
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CITY-ST-ZIP	TALLAHASSEE FL 32311		2.40 IY						
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CITY-ST-ZIP				- ST - ZIP					
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NAME			5.2 N ₃ Mi						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
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I we mereby certify that the information supplied with this filling 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 trusted 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.