

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000012225 (6)**

1. Corporation Name:
CONNERTON PLUMBING & FIRE PROTECTION, INC.

4-16-96 B-3012 C



Principal Place of Business: 18277 POPLAR RD. S.E. FT. MYERS FL 33912
Mailing Address: 18277 POPLAR RD. S.E. FT. MYERS FL 33912

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: 04/06/1995
4. FEI Number: 65-0471542
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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent: CONNERTON, ANN M 18277 POPLAR RD. S.E. FT. MYERS FL 33912
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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: *Ann M. Connerton*

Jan. 19, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: CONNERTON, CALVIN C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18277 POPLAR ROAD		12 NAME	
CITY-STATE-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
TITLE: VP	NAME: CONNERTON, ANN	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18277 POPLAR RD		15 TITLE	
CITY-STATE-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	16 NAME	
TITLE: T	NAME: VICORY, MARION W	17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 18277 POPLAR ROAD		18 CITY-STATE-ZIP	
CITY-STATE-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	19 TITLE	
TITLE:	NAME:	20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		21 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	23 TITLE	
STREET ADDRESS:		24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	25 STREET ADDRESS	
TITLE:	NAME:	26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	28 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	29 STREET ADDRESS	
STREET ADDRESS:		30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	31 TITLE	
TITLE:	NAME:	32 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
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TITLE:	NAME:	38 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	40 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:		42 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	43 TITLE	
TITLE:	NAME:	44 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		45 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	46 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	47 TITLE	
STREET ADDRESS:		48 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	49 STREET ADDRESS	
TITLE:	NAME:	50 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	53 STREET ADDRESS	
STREET ADDRESS:		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	55 TITLE	
TITLE:	NAME:	56 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		57 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	58 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS:		60 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	61 STREET ADDRESS	
TITLE:	NAME:	62 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		63 TITLE	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	64 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	65 STREET ADDRESS	
STREET ADDRESS:		66 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	67 TITLE	
TITLE:	NAME:	68 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		69 STREET ADDRESS	
CITY-STATE-ZIP:	<input type="checkbox"/> DELETE	70 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption, statement Section 119.07(3)(k), 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. 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 attached statement with an address.

SIGNATURE: *Ann M. Connerton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (941) 267-6602

CR2E034 (12/95)