FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000012257 (9) JEFF BAUER PLUMBING CO., INC. Principal Place of Business Mailing Address ROSSELLE ST 6225 ORTEGA FARMS BLVD JACKSONVILLE FL 32244 SUITE 282 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1994 Principal Place of Business
4422 MANCHES VER RL 2a. Mailing Address 4. FEI Number Applied For 59-3222336 pame Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Dura □ No Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAUSCH, LAWRENCE R 712 S EDGEWOOD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 63 84 City 65 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 reinstating) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Change TITLE 1.1 TITLE BAUER, JEFFERY L NAME 1.2 NAME **CR2E034** 6225 ORTEGA FARMS BLVD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition BAUER, SHERRY L NAME 22 NAME 6225 ORTEGA FARMS BLVD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 61 TITLE

14. Thereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if preoped, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

TRIEN BALLER President 41/and 31, 98