

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *P 94000033240*

1. Corporation Name

Larrys Drain Cleaning + Plumbing Repair Inc
113 Hourglass Dr
Venice FL 34293

Principal Place of Business

Mailing Address

Same

113 Hourglass Dr
Venice FL 34293

3. Date Incorporated or Qualified

5-2-94

3a. Date of Last Report

4-95

2. Principal Place of Business

2a. Mailing Address

21 *113 Hourglass Dr*

26 *Same*

4. FEI Number

65-0569612

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Venice FL

Same

24 Zip

25 Country

29 Zip

30 Country

34293

Sarasota

34293

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CSC networks
375 Hudson St.
New York NY 10014-3620

81 Name

Melodie Deeds

82 Street Address (P.O. Box Number is Not Acceptable)

113 Hourglass Dr

83

84 City

Venice

FL

85 Zip Code

34293

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 *Melodie Deeds*

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE *owner*
NAME *Larry Deeds*
STREET ADDRESS *113 Hourglass Dr*
CITY-STATE-ZIP *Venice FL 34293*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

600001858708
-06/11/96--01157--016
*****200.00**

PM 5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 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, 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 changes, or on an attachment with an address.

SIGNATURE:

Larry Deeds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

941-454-5796

DATE

PHONE NUMBER

CR2E034 (12/95)