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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1997 8:00am

Secretary of State

Daytimo Firene #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037699 (3)

D & J PLUMBING OF ORLANDO INC.

Principal Plac	on of Bus nose	Mailing Address					
12221 LAKE MARY JANE ROAD 12221 LAKE MARY JAN ORLANDO FL 32832-6424 ORLANDO FL 32832-64							
		US			3. Date Incorporated or Qualified 05/19/1994	3a. Date of Last R 05/28/1996	Report
	Nace of Business	2a. Mailing Address	······································		4. FEI Number		oplied For
Suite, Apt	- (at/)	Suite, Apt. #, etc.			59-3243550		ot Applicable
22	#, 6tc	27			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stal	le	City & State			6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution		to Fees
Zip Country 25		Zip Coi		'	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre		[30]		10. Name and Address of New Re	- · · · · <u></u>	
COS	RPORATION SERVICE COMPAN	·····	81	Name			
	1 HAYS ST.	•	82	Street Add	ress (P.O. Box Number is Not Acceptab	lo	······································
	LAHASSEE FL 32301		02	Sireer Audi	das (1.0. Dox Humber is Not Acceptab		
	- "		63				
			84	City		85 Zip	Code
	707.07	00 1007 1500 51 12 0			poration submits this statement for the p	FL 2 P	
SIGNATURE	Stgrature, typed or practice cause of registered as				tion's board of directors. I hereby acception's board of directors. I hereby acception acceptance acception acceptance	DATE	
TITLE	P	☐ DELETE	1.1 TITLE	····		Change	Addition
NAME	DOWNING, SANDSY L		1.2 NAME			•	
STRCE1 ADDRESS			1.3 STREE	ADDRESS			
CITY-ST-7/F	ORLANDO FL		1.4 CITY - S	ST-ZIP			····
1:11.6	Ab	DELETE	2.1 TITLE			Change	Addition
NAME	JONES, ROBERT A 12221 LAKE MARY JANE RD		2.2 NAME				
STREET ADORESS	ORLANDO FL			ADDRESS			
OTTY-ST ZIF	UNDANDO FE	DELETE	2. 4 CITY- 3.1 TITLE	\$1-ZIP		Change	Addition
NAME			3.2 NAME		+ .	— · •,	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY -	\$T-21P			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS		•	4.
C:TY - S1 - ZIP			4.4 CITY - 5	ST-ZIP			
701.6		☐ DELETE	5.1 TITLE			L Change	☐ Addition
NAMÉ			5.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - 1 6.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		Ĺ⊒ orreit	6.2 NAME			origings	LI HOURSI
STREET ADDRESS				ADDRESS			
CITY-SE-7/P			6.4 CITY-				
14. I do here	eby certify that the information supplie	ed with this filing does not qual	ify for the exe	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio Lam an d	on indicated on this annual report or	supplemental annual report is to the receiver or trustee empoy	true and acc vered to exe	urate and tha	it my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made un	ider oath; that