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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038404 (7)

SUNSHINE PLUMBERS OF OCALA, INC.

Principal Prace of Business Mailing Address

6586 N.E. 25TH AVENUE

OCALA FL 34478

OCALA FL 34478-1436

FILED May 09 1997 8:00am Secretary of State



OCALA FL 34479		6586 N.E. 25TH AVENUE OCALA FL 34479-1438					
					3. Date Incorporated or Qualified 05/17/1994	3a, Date of Last Report 03/28/1996	
2. Principal Place of Bus	siness	2a. Mailing Address			4. FEI Number	Applied (For
21		26			59-3267542	Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State 23		City & State		' 	Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Feet	
Ζιρ 24	Country 25	Zip 29	Coun	try	8. This corporation has liability for in Florida Statutes	······································	
g, Nam	e and Address of Curr		1,		10. Name and Address of New Reg	Istered Agent	
SLEETH, JOA	N			1 Name			
1015 N.E. 8TI OCALA FL 34			1	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	***		8	3		***	
				4 City		FL 85 Zip Code	
office or registered a agent. Lam familiar i	isions of Sections 607.05 agent, or both, in the Sta with, and accept the obli	502 and 607.1508, Florida Statut te of Florida. Such change was gations of, Section 607.0505, Fl	tes, the abo authorized orida Statu	eve-named cor by the corpora les.	poration submits this statement for the pation's board of directors. I hereby accep	rpose of changing its regist the appointment as registe	stered ered
SIGNATURE Signature, type	ed or printed name of registered a	gent and title if applicable [NO]	E Registered	igent signature requ	uired when reinstating)	DATE	*********
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 1	2
10RF D		DELETE	1.1 7(T)			Change A	Addition
	, JACK R		1.2 NAM	E			
	E. 25TH AVENUE		1.3 STRI	ET ADDRESS			
City-St-Z.P OCALA	FL 34479		1.4 CITY	- ST - ZIP			
TILE D		DELETE	2.1 T(TL)			Change A	Addition
	ore, James		2.2 NAM	E			
	E 25 AVE		2.3 STRI	ET ADDRESS	•		
CITY-ST-ZIP OCALA	FL		2. 4 CIT	'-ST-ZIP		e .	
TITLE		☐ D£LETE	3.1 TITU			Change A	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	ET ADDRESS			
City St - 2if			3.4. CIT	-SI-ZIP			
TITLE		☐ DELETE	4.1 TITL	······································		Change A	Addition
NAME			4. 2 NAN	le			
STREET ADORESS			4.3 STRE	ET ADDRESS			
CHY-S ² -ZiP			4.4 City	-\$1-ZIP			
1FLE		DELETE	5.1 TITU			☐ Change ☐ A	Addition
NAME			5.2 NAM	E [
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CHY-S1-ZIP			5.4 City	ŀ			
TITLE		DELETE	6.1 TITL			Change A	Addition
NAME			6.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
C-TY-ST ZIP				-ST-ZIP			

14. To hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

× 4/29/97 ×90462942