

**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 # **P94000040509 (9)**

1. Corporation Name  
**COURTNEY PLUMBING, INC.**



Principal Place of Business: **905 N. HARBOUR TERRACE RD. TAVARES FL 32778**  
Mailing Address: **905 N. HARBOUR TERRACE RD. TAVARES FL 32778**

3. Date Incorporated or Qualified <b>05/27/1994</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FEI Number <b>59-3240982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>1641 E. ALFRED ST.</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>TAVARES, FL</b>	28
Zip	Country
24 <b>32778</b>	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COURTNEY, SCOTT E 905 N. HARBOUR TERRACE RD. TAVARES FL 32778</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, SCOTT E</b>	1.2 NAME	
STREET ADDRESS	<b>905 N. HARBOUR TERRACE RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, HERBERT F</b>	2.2 NAME	
STREET ADDRESS	<b>31741 HARRIS RD.</b>	2.3 STREET ADDRESS	<b>27936 LOIS DR</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	2.4 CITY-ST-ZIP	<b>TAVARES, FL 32778</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURTNEY, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>31741 HARRIS RD.</b>	3.3 STREET ADDRESS	<b>27936 LOIS DR</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	3.4 CITY-ST-ZIP	<b>TAVARES, FL 32778</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Scott Courtney **SCOTT COURTNEY PRES.** 3-13-96 3433763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)