

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 # **P94000086399 (0)**

1. Corporation Name

ALL AMERICAN PLUMBING OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

3305 BAY TO BAY BLVD.
TAMPA FL 33629

3305 BAY TO BAY BLVD.
TAMPA FL 33629

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 06/02/1995
4. FEI Number 59-3274392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 4342 S. Manhattan Ave	22. Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 320215	26. Suite, Apt. #, etc.
23. City & State Tampa FL	27. City & State Tampa FL	29. Zip 33671	30. Country USA
24. Zip 33671	25. Country USA	29. Zip 33679	30. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Paula M Cenkovich
82. Street Address (P.O. Box Number is not acceptable) 4342 S. Manhattan Ave
83.
84. City Tampa
85. Zip Code FL 33679

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

Paula M Cenkovich

5/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	VPD FISHER, ROSS E		
	3305 BAY TO BAY BLVD		
	TAMPA FL		
	<input checked="" type="checkbox"/> DELETE		
	POST CENKOVICH, PAULA M	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	3305 BAY TO BAY BLVD	4342 S. Manhattan Ave.	
	TAMPA FL	Tampa FL 33671	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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:

Paula M Cenkovich

5/23/96

813 805-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)