


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC -3 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007158

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000090278 (0)					
1. Corporation Name MR. ROOTER PLUMBING, INC.					

Principal Place of Business 766 PIKE RD. WEST PALM BEACH FL 33411	Mailing Address 766 PIKE RD. WEST PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1994	
21		26		4. FEI Number 65-0553654	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent CULPEPPER, LINDA J 766 PIKE RD. WEST PALM BEACH FL 33411				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	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 *Linda J. Culpepper*
Signature typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	CULPEPPER, LINDA J		1.1 TITLE	100002708011--7		
NAME	CULPEPPER, LINDA J			1.2 NAME	-12/09/98--01111--003		
STREET ADDRESS	766 PIKE RD.			1.3 STREET ADDRESS	****150.00 ****150.00		
CITY-ST-ZIP	WEST PALM BEACH FL 33411			1.4 CITY-ST-ZIP			
TITLE	D	CULPEPPER, SAMMY D		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULPEPPER, SAMMY D			2.2 NAME			
STREET ADDRESS	766 PIKE RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 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: *Linda J. Culpepper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)



766 PIKE ROAD
WEST PALM BEACH, FL 33411

2062
EXPERT SEWER AND DRAIN CLEANING

Divisions of Corporations
Reinstatement Department
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Attention: Trevor

Ref: Waiver of Reinstatement Late Fee

Thank you for taking your time with me this morning. It was quite a shock to find out our Corporation papers had not been filed. We had lost our Office Manager, Bookkeeper and a Secretary all this year. With only a staff of 7 to begin with losing 3 of our staff was extremely harmful to our operation. One of the Office Managers responsibilities was to file the Corporation Papers with the State and up till the point in which you notified us we thought it was done.

We understand that it will be noted on our account that the late fee was waived and can only be used once.

Thank you for your help in this matter!!!

Sincerely,

Dottie Irwin,
General Manager

689-1555

FULLY EQUIPPED, RADIO DISPATCHED TRUCKS
FAST, 24 HOUR... 7 DAY SERVICE

689-1722

