## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Wortham 🟃 Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name

P95000003749 (5)

## CHARLIE SWAIN PLUMBING AND AIR CONDITIONING, INC

•						
Principal Place of Business Mating Address					I INDICATIVE VOICE BUILD BOND BOND BOND BOND BOND WITH BOND BOND BOND BOND BOND BOND BOND BOND	
6299 JOHNSON STREET HOLLYWOOD FL 33021			6299 JOHNSON STREET HOLLYWOOD FL 33021			
						3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1995
2. Principal Pla	ice of Business	F1	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0553725 Not Applicable
Suite, Apt. #	t, etc.	Surte, Ap	t.#, etc.			5. Certificate of Status Desired See Required \$8.75 Additional
City & State		City & Sta	nte			6. Election Campaign Financing \$5.00 May Be
23		28				Added to Fees
Zip Country 25		Ζρ <b>29</b>	Zip Country		′	8. This corporation has liability for intangible tax under s 199,032,     Florida Statutes
9. Name and Address of Current F						10. Name and Address of New Registered Agent
81 Name						
SWAIN	, CHARLES S			82	Street Add	dress (P.O. Box Number is Not Acceptable)
6299 JOHNSON STREET HOLLYWOOD FL 33021				83		
HOLLY	WOOD FL 33021					
•				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 Ekvida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Stynature, typed or pointed harve of registered at				ut signature requi	red when reinstating) DATE
12.	D OFFICERS A	AND DIRECTORS	13 De: ete 1	i TiTLE	— — — T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	SWAIN, CHARLES S	L.J		NAME		Citalige [] Add Jul:
STREET ADDRESS	6299 JOHNSON STREET				1 ADORESS	
CHY-ST-ZIP	HOLLYWOOD FL 33021			CITY - S		
TITLE				THE	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET	1 ADORESS	
CITY-ST-ZIP			2.4	CITY - S	ST-ZIP	
TITLE	DECETE			3 * TITLE		Change Addition
NAME			3 2	NAME		
STREET ADDRESS			33	STREE	LADDRESS	
CITY-ST-ZIP				CIT¥ - S	ST - ZIP	
TITLE			DELÉTÉ 4	HILE		Change Addition
NAME				NAME		
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY - ST - ZIP	·····			CITY - S	31 - 7/2	
TITLE			5 ' TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐	
NAME STREET ADDRESS			5 2 NA		r 45660 20	-06/03/9601059040
STREET ADDRESS				5.3 STHELT AD 5.4 CITY+ST-Z		***200.00
CITY+ST-ZIP TITLE				TITLE	5: · {Ir'	Change Addition
NAME			L	NAME		
STREET ADDRESS					LADDRESS	/ 1/46
CHTY - ST - ZIP				CITY-S		
	certify that the information supplie	o with this filing is vol				for the exemption stated in Section 119.07(3)(k), Florida Stuttes. 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 cripowered 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 CHARLES S. SWAIN, PRESEIDENT 4/30/96 (954)961-5527

SIGNATURE: