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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000010886 (6)

1. Corporation Name
DOLPHIN PLUMBING, INC.



Principal Place of Business 2251 PONCIANA STREET NAPLES FL 33942	Mailing Address 2251 PONCIANA STREET NAPLES FL 34105-2732
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3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 03/07/1996
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21. Principal Place of Business 2251 Poinciana St.	2a. Mailing Address 2251 Poinciana St.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Naples, FL	28. City & State Naples, FL
24. Zip 34105	25. Country Collier
29. Zip 34105	30. Country Collier

4. FEI Number 65-0554431	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HJELSETH, DAVID J 2251 PONCIANA STREET NAPLES FL 33942	
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10. Name and Address of New Registered Agent	
81. Name HJELSETH, DAVID J.	
82. Street Address (P.O. Box Number is Not Acceptable) 2251 Poinciana St.	
83.	
84. City Naples	85. Zip Code FL 34105

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		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	HJELSETH, DAVID J		
STREET ADDRESS	2251 PONCIANA STREET		
CITY - ST - ZIP	NAPLES FL 33942		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	P/D		
1.2 NAME	Hjelseth, David J.		
1.3 STREET ADDRESS	2251 Poinciana St.		
1.4 CITY - ST - ZIP	Naples, FL 34105		
2.1 TITLE	S/T		
2.2 NAME	Hjelseth, Sherri A.		
2.3 STREET ADDRESS	2251 Poinciana St.		
2.4 CITY - ST - ZIP	Naples, FL 34105		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *David J. Hjelseth* **David J. Hjelseth** 4/4/97 261-1414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)