

**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

**FILED**  
Aug 23 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000023298**

1. Corporation Name  
**S.O.S. PLUMBING, INC.**



Principal Place of Business Mailing Address  
**6810 PEARSON LN 6810 PEARSON LN**  
**WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544**

3. Date Incorporated or Qualified **3/22/95** 3a. Date of Last Report  
4. FEI Number **59-3303447** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite Apt. #, etc. 26 Suite Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KEVIN LEFLER**  
**6810 PEARSON LN**  
**WESLEY CHAPEL, FL 33544**

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 607.1502 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 **KEVIN LEFLER, President** *[Signature]* **8-21-96**  
Signature of officer or printed name of registered agent and title (auth. 2005) (Note: Registered agent signature requires when changing)

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>KEVIN LEFLER</b>	
STREET ADDRESS	<b>6810 PEARSON LN</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33544</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-08/27/96--01101--014  
\*\*\*225.00\*\*\*

14. I do hereby certify that the information supplied with this filing is true and correctly furnished and does not qualify for the exemption stated in Section 199.03(4), Florida Statutes. I further certify that the information filed on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a director or officer of the corporation or the registered agent or master promisor to exclude the record as required by Chapter 607, Florida Statutes, and that my name and address are listed on Block 13 or changed, or on an attachment, to an address.

SIGNATURE: *[Signature]* **KEVIN LEFLER** **8-21-96** **813-991-7960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)