

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024443 (0)

1. Corporation Name
TALLAHASSEE PLUMBING SPECIALISTS, INC.

Principal Place of Business
909 EAST PARK AVE.
TALLAHASSEE FL 32301

Mailing Address
PO BOX 15824
TALLAHASSEE FL 32317-5824
US

FILED

97 MAY -1 AM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 6244 Hines Hill Circle
23 Tallahassee, Florida
24 32312
25 USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27
28
29
30

3. Date Incorporated or Qualified 03/27/1995
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3304188
5. Certificate of Status Desired XX \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

THERIAQUE, DAVID A ESO
909 EAST PARK AVE.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE PD
NAME MONIZ, DANIEL J
STREET ADDRESS 6244 HINES HILL CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312

DELETE

TITLE VD
NAME HEEG, JOSEPH M
STREET ADDRESS 6428 CAVALCADE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Heeg, Joseph M.
3042 Shannon Lakes North
Tallahassee, FL 32308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

600002169818-18
-05/07/97--01087--004
****173.75 ****173.75

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, and 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:

[Signature]

4-30-97

(904)668-4581

CR2E034 (9/96)