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 # 1. Corporation Name

CUMENT # P95000035214
John's Plumbing, Inc.

Principal Place of Business

Mailing Address

3 E.	ROSEVEAL	5 74°	SHIME		
ORIANA	ROSEVEAL Do, Fl. 32	2804	· · ·	3. Date Incorporated or Qualified MAY 4, 1995	3a. Date of Last Report //29/96
2. Principal Place of Bu		2a. Mailing Address	:	4. FEI Mimber	Applied For
	EVEAR St.	26 SAME Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
12		27	······································		Fee Required
City & State 23 ORIANA	.Fl.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
432804	ne and Address of Curren	29 SAME	30 5AME		Yes No
9. Nar	ne and Address of Curren	nt Registered Agent	81) Name	10. Name and Address of New Reg	Jistered Agent
Tahn	WADE PET	rMar Jr	' Name	N/A	
OBFIVE	00,400	- 5	82 Street Add	ires (P.O. Box Number is Not Acceptab	e)
3. E.	KOSEVEX	12 20,	83		
	1 7	12/2-11/	[00]		
ORLAN	16, 21, 3	RMAR JR 1R SS. 12804	84 City		FL 85 Zip Code
11. Pursuant to the po	visions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered
agent. Lam familiar	with, and accept the oblig	ations of, Section 607.0505,	Florida Statutes.	فان بند سد	the appointment as registered
SIGNATURE.	ped in mitted dime of registered ag-	PRESo ent and title if applicable [N	John Wade 101E Registered Agent signalure requ	TERMAR TO	4/4/97 DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
T ILF		DELETE	1.1 TITLE 7	. John WADE PERT.	Change Addition
NAME			1.2 NAME	3, E. ROSEVENI	
STREET ADDRESS	PC) 1 BOD COD			ADDRESS ORIANDO F1. 32804	
CITY - ST - ZIP					
Tifue		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY: ST-ZIP			2. 4 CITY-ST-2IP		
1001		☐ DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
Į.			3.4. CITY-ST-ZIP		•
CiTY+S1+ZIP TiTLE	TOTAL STREET,	☐ DELETE	4.1 TITLE		Change Addition
NAMI		—	4. 2 NAME	•	(No)
			4.3 STREET ADDRESS		194 214
STREET ADDRESS			4.4 CITY - ST - ZIP		「ブバリン
City St ZiP		DELETE	51 TITLE		Chargo Addition
NAME			52 NAME		$ \mathcal{N}_{\mathcal{L}_{i_1,\ldots,i_r}}$
1			5 3 STREET ADDRESS		•
STREET ADDRESS			5.4 CITY - ST - ZIP	•	
COLY - ST - ZIP	,	DELETE	6.1 TITLE		Change
10.0	62		62 NAME	900002140049	
HAME					
STREET ADDRESS			6.3 STREET ADDRESS	***165.00	
City-\$1-Zir	at a district and the second	al mith atom till an almon at a	6.4 CiTY-ST-ZIP	od in Caption 119 07/21/11 Elevida Plat to	e I further certify that the
14. I do hereby certify.	that the information supplie	ed with this filing does not qu	ality for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. a further certify that the

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. I am an officer or director of appears in Block 12 or Block

FILED

Apr 10 1997 8:00am

Secretary of State