

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000038337 (8)

1. Corporation Name
PRIORITY PLUMBING, INC.

Principal Place of Business

1699 SPRINGTIME LOOP
WINTER PARK FL 32792-6393

Mailing Address

1699 SPRINGTIME LOOP
WINTER PARK FL 32792-6393



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 530 S. County Rd. 427		26 530 S. County Rd 427		05/12/1995		01/25/1996	
22 Suite, Apt. #, etc. 152		27 Suite, Apt. #, etc. 152		4. FEI Number		Applied For	
23 City & State Longwood, FL		28 City & State Longwood, FL		59-3314798		Not Applicable	
24 Zip 32750		29 Zip 32750		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEIL, KAREN 1699 SPRINGTIME LOOP WINTER PARK FL 32792-6393				81 Name William POOLE IV 82 Street Address (P.O. Box Number is Not Acceptable) 644 W. Colonial DR. 83 84 City Orlando FL 85 Zip Code 32804			

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 *Karen Heil* KAREN HEIL *William Poole IV* 4-8-97
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	NAME	HEIL, RICHARD L	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	1699 SPRINGTIME LOOP	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	WINTER PARK FL 32792-6393	2.1 TITLE		2.2 NAME	LEONARD, JEFFREY J.
TITLE	D	NAME	LENORD, JEFFREY J	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	623 SILVER CREEK ROAD	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	WINTER SPRINGS FL 32708	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		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: *KAREN HEIL* 3-25-97 (407) 657-1191

CR2E034 (9/96)