

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

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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000055121 (4)**

1. Corporation Name  
**TRIDENT PLUMBING, INC.**



Principal Place of Business  
**1111 7TH AVENUE  
VERO BEACH FL 32960  
US**

Mailing Address  
**P.O. BOX 883  
VERO BEACH FL 32961-0883  
US**

3. Date Incorporated or Qualified **07/14/1995** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0595397</b>		Applied For <input type="checkbox"/> Not Applicable	
21 <b>1131 7th Avenue</b>		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 <b>Suite B</b>		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 <b>Vero Beach, FL</b>		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 <b>32960</b>		25 <b>USA</b>		29 <b>32960</b>		30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**MEEKS, RONALD E  
485 38 AVE  
VERO BEACH FL 32968**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEEKS, RONALD E</b>	1.2 NAME	
STREET ADDRESS	<b>485 38 AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VERO BEACH FL</b>	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEX, DONALD L.</b>	2.2 NAME	
STREET ADDRESS	<b>1440 SW BELGRAVE TERRACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>ST</b>
NAME	<b>MOBLEY, CRAIG</b>	3.2 NAME	<b>Mobley, Craig</b>
STREET ADDRESS	<b>485 38TH AVENUE</b>	3.3 STREET ADDRESS	<b>4245 60th Court</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>	3.4 CITY - ST - ZIP	<b>Vero Beach, FL 32967</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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: \_\_\_\_\_

**Donald L. Alex**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

561-567-5223

Date Daytime Phone #

CR2E034 (9/96)