

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

DOCUMENT # P95000060843 (6)

1. Corporation Name

ST. LUCIE PLUMBING, INC.



Principal Place of Business

Mailing Address

1435 COPENHAVER ROAD
FORT PIERCE FL 34945

1435 COPENHAVER ROAD
FORT PIERCE FL 34945

3. Date Incorporated or Qualified

3a. Date of Last Report

08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 4045
Suite, Apt. #, etc.

25 P.O. Box 4045
Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

65-0599930

5. Certificate of Status Desired

\$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

22 City & State
23 Fort Pierce, FL

27 City & State
28 Fort Pierce, FL

24 Zip 34948 Country

29 Zip 34948 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIFRANCESCO, JAMIE L
1435 COPENHAVER ROAD
FORT PIERCE FL 34945

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 607.032, Florida Statutes.

SIGNATURE

Jamie L. Difrancesco

President

Apr 30, 1996

(Signature, typed or printed name of registered agent and title in applicable block)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME DIFRANCESCO, JAMIE L
STREET ADDRESS 1435 COPENHAVER ROAD
CITY-ST-ZIP FORT PIERCE FL 34945

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jamie L. Difrancesco President

Apr 30, 1996 407-461-

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)