

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

FILED

Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P95000076640 (8)**

1. Corporation Name  
**C & L PLUMBING, INC.**



Principal Place of Business <b>2148 SADLER ROAD, SUITE 90 FERNANDINA BEACH FL 32034</b>	Mailing Address <b>2148 SADLER ROAD, SUITE 90 FERNANDINA BEACH FL 32034-4451</b>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/02/1995</b>	3a. Date of Last Report <b>04/30/1996</b>
21 <b>1927 S. 14th St.</b>	26 <b>1927 S. 14th St.</b>	4. FEI Number <b>59-3352270</b>		Applied For Not Applicable	
22 <b>SUITE 90</b>	27 <b>SUITE 90</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>FERNANDINA BEACH FL</b>	28 <b>FERNANDINA BEACH FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>32034</b>	25 <b>NASSAU</b>	29 <b>32034</b>	30 <b>NASSAU</b>	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

**GILL, CECIL**  
**2148 SADLER ROAD, SUITE 90**  
**FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1927 S. 14th St</b>
83	<b>SUITE 90</b>
84 City	<b>FERNANDINA BEACH FL</b>
85 Zip Code	<b>32034</b>

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>DPTS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, CECIL</b>	1.2 NAME	
STREET ADDRESS	<b>2148 SADLER ROAD, SUITE 90</b>	1.3 STREET ADDRESS	<b>1927 S. 14th St, Suite 90</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREWTON, GLENN</b>	2.2 NAME	
STREET ADDRESS	<b>2148 SADLER ROAD, SUITE 90</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUMACHER, DENNIS J.</b>	3.2 NAME	
STREET ADDRESS	<b>2148 SADLER ROAD, SUITE 90</b>	3.3 STREET ADDRESS	<b>1927 S. 14th St, Suite 90</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DAY, DANNY A.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1927 S. 14th St, Suite 90</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>
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 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: *Cecil Gill* **CECIL GILL, PRESIDENT** 3/31/97 (904) 277-9029  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)