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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZII



LUORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082999 (0)

ARNO'S PLUMBING & HEATING, INC.

Principal Place of Business Mailing Address 6917 SEA CRAB CIRCLE 6917 SEA CRAB CIRCLE NAVARRE FL 32568-7403 NAVARRE FL 32568 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1995 05/01/1996 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 22-2215311 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζip Zip Country 8. This corporation has liability for intangible tax under s. 199 032, X No Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KORIATH, JOELLE 6917 SEA CRAB CIRCLE Street Address (P.O. Box Number is Not Acceptable) NAVARRE FL 32566 83 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) Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. (96/6)DELETE Change Addition TITLE 11 TITLE KORIATH, ARNO SR. 1,2 NAME **6917 SEA CRAB CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition KORIATH, ARNO JR. NAME 2.2 NAME 6917 SEA CRAB CIRCLE STREET ADDRESS 2.3 STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE KORIATH, JOELLE 3.2 NAME 6917 SEA CRAB CIRCLE STREET ADDRESS 3.3 STREET ADDRESS NAVARRE FL 32568 CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELFTE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE Change Addition 6.1 TOLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Ido 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 suppremental annual report is true and accurate and that my signature shall have the same logal 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.