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 # **P95000088522 (4)**

1. Corporation Name

D&S PLUMBING COMPANY, INC.

Principal Place of Business
P.O. BOX 112
CANTONMENT FL 32533

Mailing Address
P.O. BOX 112
CANTONMENT FL 32533

3. Date Incorporated or Qualified: 11/16/1995
3a. Date of Last Report:

2. Principal Place of Business
21 9601 N. PALAFOX ST
Suite, Apt. #, etc.
22 Bldg 3A
City & State
23 Pensacola, FL
Zip 24 32534 Country 25 Escambia

2a. Mailing Address
26 9601 N PALAFOX ST
Suite, Apt. #, etc.
27 Bldg 3A
City & State
28 Pensacola, FL
Zip 29 32534 Country 30 Escambia

4. FEI Number 59-3343126 Applied For ☐ Not Applicable ☐

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

9. Name and Address of Current Registered Agent

BRUCE, ROBERT C
544 MILESTONE BLVD.
CANTONMENT FL 32533

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
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required with resignation.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STEWART, DAVID A	
STREET ADDRESS	4925 HWY. 95 A	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VD	☐ DELETE
NAME	BRUCE, WILLIAM S	
STREET ADDRESS	2560 SOUTHERN OAKS DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	STD	☐ DELETE
NAME	BRUCE, ROBERT C	
STREET ADDRESS	544 MILESTONE BLVD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: Robert C Bruce — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/28/96 — Daytime Phone #: (904)857-0090

CR2E034 (12/95)