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	Mailing Address
P.O. BOX 112 CANTONMENT FL 32533	P.O. BOX 112 CANTONMENT FL 32533

2. Principal Place of Business	2a. Mailing Address
21 9601 N. PALAFOX ST	26 9601 N PALAFOX ST
Suite, Apt. #, etc. 22 Bldg 3A	Suite, Apt. #, etc. 27 Bldg 3A
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32534 Country 25 Escambia	Zip 29 32534 Country 30 Escambia

3. Date Incorporated or Qualified: 11/16/1995

3a. Date of Last Report:

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 title of applicable officer) (NOTE: Registered Agent signature required when changing agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, DAVID A		1.2 NAME	
STREET ADDRESS	4925 HWY. 95 A		1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRUCE, WILLIAM S		2.2 NAME	
STREET ADDRESS	2560 SOUTHERN OAKS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUCE, ROBERT C		3.2 NAME	
STREET ADDRESS	544 MILESTONE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Robert C Bruce 3/28/96 (904)857-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)