

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097277 (4)

1. Corporation Name

GULFCOAST PLUMBING CORPORATION



Principal Place of Business	Mailing Address
P.O. BOX 8444 VENICE FL 34299 646 Columbia Ct SARASOTA FL 34236	P.O. BOX 8444 VENICE FL 34299 646 Columbia Ct SARASOTA FL 34236

3. Date Incorporated or Qualified 12/20/1995	3a. Date of Last Report
4. FEI Number 65 062 9070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 646 Columbia Ct.	26. 646
Suite, Apt #, etc	Suite, Apt #, etc
22. City & State	27. City & State
23. SARASOTA FL.	28. SARASOTA FL.
Zip	Country
24. 34236	25. USA
29. 34236	30. USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARMON, MICHAEL 2155 GARDES WAY OSPREY FL 34229 646 Columbia Ct SARASOTA FL 34236		81. Name	SAME
		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 type 1 or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
President / Harmon	Michael Harmon		
646 Columbia Ct.	SARASOTA FL 34236		
Director			
Vice President	Michael Harmon		
SAME			
Secretary	Michael Harmon		
SAME			
Treasurer	Michael Harmon		
SAME			

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Harmon **8-5-96** **441-921-3505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)