

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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000004279 (1) 1. Corporation Name COBRA PLUMBING, INC.			
Principal Place of Business 10736 ACER LANE APARTMENT 37 HUDSON FL 34667		Mailing Address 10736 ACER LANE APARTMENT 37 HUDSON FL 34667-6254	
2. Principal Place of Business 21 18922 Quercus Dr. Suite, Apt. #, etc. 22 Apt 66 City & State 23 HUDSON, FL. Zip 24 34667		2a. Mailing Address 26 PO Box 579 Suite, Apt. #, etc. 27 City & State 28 HUDSON, FL. Zip 29 34667	
3. Date Incorporated or Qualified 01/12/1996		3a. Date of Last Report	
4. FEI Number 59-3357376		Applied For Not Applicable	
5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		5. Certificate of Status Desired \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent LEIGHTON, THOMAS L 10736 ACER LANE APARTMENT 37 HUDSON FL 34667			
10. Name and Address of New Registered Agent			
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 if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 LE 1.2 ME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 LE 2.2 ME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 LE 3.2 ME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 LE 4.2 ME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 LE 5.2 ME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 LE 6.2 ME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 LE 1.2 ME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 LE 2.2 ME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 LE 3.2 ME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 LE 4.2 ME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 LE 5.2 ME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 LE 6.2 ME 6.3 STREET ADDRESS 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 file 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.			



CR2E034 (9/96)

SIGNATURE:

Thomas L. Leighton

2-2-97

813-817-1085