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

FILED
Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000038998 (6)**

1. Corporation Name
ASAP PLUMBING, INC.

Principal Place of Business	Mailing Address
549 N GOLDENROD RD 14 ORLANDO FL 32807 US	549 N GOLDEN ROD RD 14 ORLANDO FL 32807 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1996

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 59-3379607 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VICTORIA S D PAOLO
549 N GOLDENROD RD 14
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: VICTORIA S. DiPAOLO
82 Street Address (P.O. Box Number is Not Acceptable): 1850 WALSH ST
83:
84 City: OVIEDO FL 85 Zip Code: 32765

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: Victoria S DiPaolo - VICTORIA S DiPAOLO, SEC 5-8-98
Signature, Type or Print Name of Individual, and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	DIPAOLO, JOSEPH J		1.2 NAME	JOSEPH S. DiPAOLO JR	
STREET ADDRESS	549 N GOLDENROD RD, #7		1.3 STREET ADDRESS	1850 WALSH ST	
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MORENCY, RICKEY		2.2 NAME	Rickey G. Morency	
STREET ADDRESS	549 N GOLDENROD RD, #7		2.3 STREET ADDRESS	11632 Judge Ave	
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	☐ DELETE	3.1 TITLE	S.	☐ Change ☑ Addition
NAME			3.2 NAME	Victoria S. DiPaolo	
STREET ADDRESS			3.3 STREET ADDRESS	1850 WALSH ST	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	OVIEDO FL 32765	
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	600002554955 -06/10/98--01065--019 ***158.75	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 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: Victoria S DiPaolo Victoria S DiPaolo 5-28-98 407-2844