

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
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DOCUMENT # P96000038998 (6)

1. Corporation Name
ASAP PLUMBING, INC.



Principal Place of Business 549 N GOLDENROD RD 14 ORLANDO FL 32807 US	Mailing Address 549 N GOLDEN ROD RD 14 ORLANDO FL 32807 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1996

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

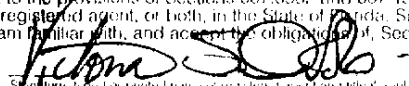
9. Name and Address of Current Registered Agent

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, Sec 5-8-98
(NOTE: For colored Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	DIPAULO, JOSEPH J	
STREET ADDRESS	549 N GOLDENROD RD, #7	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	V	☐ DELETE
NAME	MORENCY, RICKEY	
STREET ADDRESS	549 N GOLDENROD RD, #7	
CITY-ST-ZIP	ORLANDO FL 32807	
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	PT	☒ Change ☐ Addition
1.2 NAME	JOSEPH S. DIPAULO JR	
1.3 STREET ADDRESS	1850 WALSH ST	
1.4 CITY-ST-ZIP	OVIEDO FL 32765	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	RICKEY C. MORENCY	
2.3 STREET ADDRESS	11632 Judge Ave	
2.4 CITY-ST-ZIP	ORLANDO FL 32817	
3.1 TITLE	S.	☐ Change ☒ Addition
3.2 NAME	VICTORIA S. DiPaolo	
3.3 STREET ADDRESS	1850 WALSH ST	
3.4 CITY-ST-ZIP	OVIEDO FL 32765	
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 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, upon an attachment with an address.

CR2E034 (10/97)