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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039829 (2)

DONALD CUTTS PLUMBING, INC.

21 1200A Gulf Bch. Hwy 26 Suite, Apt. #, etc. 59 - 3378497 No. 120 No.	eport plied For Applicable
PENSACOLA FL 32505 PENSACOLA FL 32516-3628	plied For
2. Principal Place of Business 2a. Ma ling Address 4. FEI Number 59 - 3378497 No.	plied For
21 12 12 12 13 13 14 15 15 15 15 15 15 15	
22 5. Certificate of Status Desired Fee Re	
City & State 6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to	
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 24 32507 25 55 29 30 Florida Statutes 7 Yes No	199.032,
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
CUTTS, DONALD 81 Name Cutte Donald	
AP DELICAL DI ACE	
PENSACOLA FL 32505 82 Street Address (P.O. Box Number Phot Acceptable) 100	
84 CIFEMPCO12 FL FL 85 35	B07
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation entropits this statement for the purpose of changing its	registered
office or registered agent, or both, in the State of Fiprida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a	egistered
agent Lam tamilion with, and accompline configuration of Section 607.0505, Florida Statutes	
SIGNATURE Signification (see Special production of colors), the colors and standard of colors (NOTE, Registered Asont signature required when reinstating) DATE DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. In the D 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Change	S IN 12
THILE D DELETE 1.1 THILE	
THILE D DELETE 1.1 THE CONTS, DONALD DELETE 1.2 NAME CUTTS, DONALD 1.2 NAME CUTTS PORZIDE.	
THE D DELETE 1.1 THE CONTROL CHange NAME CUTTS, DONALD 1.2 NAME CUTTS, DONALD 1.3 STREET ADDRESS 13.004 Gulf Beach Hung	
THE D DELETE 1.1 THE CONTS, DONALD DELETE 1.2 NAME CUTTS, DONALD 1.2 NAME CUTTS PORZIDE.	
THE D DELETE 1.1 THE CUTTS, DONALD NAME STREEL ADDRESS CITY-ST-7/P DELETE 1.1 THE CUTTS PONZI & CUTTS PONZI & CUTTS PENSACOLA FL 32505 DELETE 1.1 THE CUTTS PONZI & CUTTS PENSACOLA FL 32505 DELETE 1.1 THE CUTTS PONZI & CUTTS PENSACOLA FL 32505	Addition
Delete D	Addition
Delete D	Addition
DELETE D	Addition
Delete	Addition Addition
Delete	Addition Addition
Delete	Addition Addition
Delete	Addition Addition
Delete	Addition Addition
Delete	Addition Addition
DELETE DELETE 1.1 TITLE DOUBLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE	Addition Addition
DELETE 1.1 TITLE CUTTS, DONALD 15 BENSON PLACE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 1.1 TITLE Change Cuty-St-ZIP DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE Change Change Cuty-St-ZIP Change Change Cuty-St-ZIP Cuty-	Addition Addition
Delete	Addition Addition Addition
Delete	Addition Addition Addition
TITLE	Addition Addition Addition
Title	Addition Addition Addition
Title	Addition Addition Addition Addition

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicanct on this annual report or suppliemental 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 proporation or the incircular empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 d characteristic attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-12-97

Daytin e Ptrene #