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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000043075 (6)

1. Corporation Name  
PRECISION PLUMBING, INC.

Principal Place of Business  
10320 S.W. 16TH PLACE  
DAVIE FL 33324

Mailing Address  
10320 S.W. 16TH PLACE  
DAVIE FL 33324-7454



3. Date Incorporated or Qualified  
05/21/1996

3a. Date of Last Report

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

4. FEI Number

Applied For

65-0665936

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DAVID F  
AMSTER GOMEZ & GOTTFRIED, P.A.  
412 S.E. 23RD STREET  
FT. LAUDERDALE FL 33316

81 Name Donna L. Horkey, M.S., P.H.R.

82 Street Address (P.O. Box Number is Not Acceptable)  
5950 W. Oakland Pk. Blvd. # 310

83

84 City Ft. Lauderdale FL 85 Zip Code 33313

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 *Donna L. Horkey* *Donna L. Horkey* *April 3, 1997*  
Signature, typed or printed name of registered agent and fee, applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME PARADISE, DEBRA J  
STREET ADDRESS 10320 S.W. 16TH PLACE  
CITY-ST-ZIP DAVIE FL 33324

☐ DELETE

☐ Change ☐ Addition

TITLE VTO  
NAME PARADISE, MARK A  
STREET ADDRESS 10320 S.W. 16TH PLACE  
CITY-ST-ZIP DAVIE FL 33324

☐ DELETE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

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 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: *Debra J. Paradise* *Debra J. Paradise* *4/1/97* *(954) 424-2999*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0283696

CR2E034 (9/96)