

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 30 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 # P96000053873 (1)  
 1. Corporation Name  
 CYPRESS PLUMBING OF LEE COUNTY, INC.

Principal Place of Business: 1002 EDISON AVENUE, LEHIGH ACRES FL 33936  
 Mailing Address: 1002 EDISON AVENUE, LEHIGH ACRES FL 33936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 4391 Colonial Blvd  
 22 Suite #8  
 23 Ft. Myers, FL  
 24 33912 25 Lee

2a. Mailing Address  
 26 4391 Colonial Blvd.  
 27 Suite #8  
 28 Ft. Myers, FL  
 29 33912 30 Lee

3. Date Incorporated or Qualified: 06/24/1996  
 4. FEI Number: 65-0675709  
 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  
 MASSIE, CHARLES A  
 14751 EDEN STREET  
 FORT MYERS FL 33908

10. Name and Address of New Registered Agent  
 81 Name: Steve Soud  
 82 Street Address (P.O. Box Number is Not Acceptable): 250 S. Bridge St.  
 84 City: LaBelle FL 85 Zip Code: 33935

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: *Steve Soud* DATE: 7/22/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JEAN L	
STREET ADDRESS	1002 EDISON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JOSEPH W	
STREET ADDRESS	1002 EDISON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or in an attachment with an address.

SIGNATURE: *Joseph W. Montgomery* DATE: 7/6/98 941.939.1750

CR2E034 (5/98)