

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

FILED  
Mar 06 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 # P96000087341 (9)

1. Corporation Name  
AMERICAN PLUMBING OF SOUTH FLORIDA, INC.



Principal Place of Business: 1901 CATTLEMEN ROAD UNIT A SARASOTA FL 34232  
Mailing Address: 1901 CATTLEMEN ROAD UNIT A SARASOTA FL 34232-6257

3. Date Incorporated or Qualified: 10/21/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0717199  
Applied For: [Blank] / 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [Blank] Suite, Apt. #, etc. [Blank]  
22 City & State: 23 [Blank]  
24 Zip: 25 [Blank] Country: 26 [Blank]  
2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc. [Blank]  
27 City & State: 28 [Blank]  
29 Zip: 30 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent  
MILONAS, TASO M  
1819 MAIN STREET #1100  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
61 Name: GOMEZ, BEN  
62 Street Address (P.O. Box Number is Not Acceptable): 1901-A CATTLEMEN RD  
63 [Blank]  
64 City: SARASOTA FL 85 Zip Code: 34232

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: *Benny Perry* (NOTE: Registered Agent signature required when reinstating) DATE: 3/3/97

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | D, P, S               | <input type="checkbox"/> DELETE |
| NAME            | TILLE, JIM D          |                                 |
| STREET ADDRESS  | 1901-A CATTLEMEN ROAD |                                 |
| CITY - ST - ZIP | SARASOTA FL 34232     |                                 |
| TITLE           | T                     | <input type="checkbox"/> DELETE |
| NAME            | BANNON, GREGORY J     |                                 |
| STREET ADDRESS  | 1901-A CATTLEMEN RD   |                                 |
| CITY - ST - ZIP | SARASOTA FL 34232     |                                 |
| TITLE           | VP. OF PURCHASING     | <input type="checkbox"/> DELETE |
| NAME            | GOMEZ BEN             |                                 |
| STREET ADDRESS  | 1901-A CATTLEMEN RD   |                                 |
| CITY - ST - ZIP | SARASOTA FL 34232     |                                 |
| TITLE           | VP OF CONSTRUCTION    | <input type="checkbox"/> DELETE |
| NAME            | NEVILLE DONALD        |                                 |
| STREET ADDRESS  | 1901-A CATTLEMEN RD   |                                 |
| CITY - ST - ZIP | SARASOTA FL 34232     |                                 |
| TITLE           | [Blank]               | <input type="checkbox"/> DELETE |
| NAME            | [Blank]               |                                 |
| STREET ADDRESS  | [Blank]               |                                 |
| CITY - ST - ZIP | [Blank]               |                                 |
| TITLE           | [Blank]               | <input type="checkbox"/> DELETE |
| NAME            | [Blank]               |                                 |
| STREET ADDRESS  | [Blank]               |                                 |
| CITY - ST - ZIP | [Blank]               |                                 |

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 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: *[Signature]* Date: 3/3/97 Daytime Phone #: 941-377-4010

CR2E034 (9/96)