

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000101559 (8)
1. Corporation Name
CITYWIDE PLUMBING SERVICE, INC. CITYWIDE PLUMBING SERVICE, INC.
932-PLUM (7586)
12411 N. FLORIDA AVE. TPA, FL 33612

Principal Place of Business
12411 NO FLORIDA AVENUE
TAMPA FL 33612

Mailing Address
12411 NO FLORIDA AVENUE
TAMPA FL 33612-4201



2. Principal Place of Business 21 TAMPA Florida 22 Suite, Apt. #, etc. 23 City & State 24 Zip Country 25		2a. Mailing Address 26 12411 N. Florida Ave. 27 Suite, Apt. #, etc. 28 TAMPA Florida 29 33612 30 Hillsborough		3. Date Incorporated or Qualified 12/17/1996		3a. Date of Last Report 0	
4. FEI Number 59-3422935		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent LOWE, FREDERICK T 3825 HENDERSON BLVD. STE 605A TAMPA FL 33629				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			

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: Frederick T. Lowe P.A. Corp. Attorney
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	CALVO, LARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12411 NO FLORIDA AVENUE		1.3 STREET ADDRESS	
TAMPA FL 33612		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
		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 changing, or in an attachment with an address.

SIGNATURE: [Signature] President/Director 4-28-97

CR2E034 (9/96)