

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

FILED
Apr 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 # P97000005310 (2)
 1. Corporation Name
JENNINGS PLUMBING & PUMP SERVICE, INC.



Principal Place of Business: ~~201 SHORE VIEW DRIVE GREENACRES FL 33463~~
 Mailing Address: ~~201 SHORE VIEW DRIVE GREENACRES FL 33463~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/10/1997**

4. FEI Number: [] Applied For [x] Not Applicable

6. 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. [x] Yes [] No

2. Principal Place of Business

21 359 Foresta Terr.
 Suite, Apt. #, etc.

22

2a. Mailing Address

26 P.O. Box 184
 Suite, Apt. #, etc.

27

City & State

23 West Palm Beach, FL
 25 Palm Beach

28 Palm Beach, FL
 29 33480
 30 Palm Beach

9. Name and Address of Current Registered Agent

JENNINGS, STEVE
 201 SHORE VIEW DRIVE
 GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: *Steve Jennings* DATE: *4-22-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	JENNINGS, STEVE	1.2 NAME	
STREET ADDRESS	201 SHORE VIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	1.4 CITY-ST-ZIP	
TITLE	D [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	JENNINGS, JAMES F	2.2 NAME	
STREET ADDRESS	201 SHORE VIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33463	2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *Steve Jennings* DATE: *4-22-98*

CR2E034 (10/97)