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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070988 (5)

AUTOMATIC PLUMBING & HEATING CO., INC.

Principal Place of Business Mailing Address
4820 MANGO AVENUE 4820 MANGO AVENUE

## FILED May 19 1998 8:00am Secretary of State



COCOA FL 3	2926	COCOA FL 32926			DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		
					08/15/1997		
2. Principal P	lace of Business	2a, Mailing Address	A		4. FEI Number	Applied For	
21 284	N. King St.	26 4820 Mango Hve.			39-3462917	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5 Additional Required	
City & State	в —	City & State			6. Election Campaign Financing \$5.0	00 May Be	
23 (000	a th	28 Cocoa, FL				ed to Fees	
Zip	Country	Zip Country			8. This corporation owes or has paid the current year	Intangible	
24 3298		29 32926 3	ol Une	$5.H_{c}$	Personal Property Tax due June 30. Yes	∐ No	
	Name and Address of Curren	t Hegistered Agent	81	Mama	10. Name and Address of New Registered Agent		
BOYLE, DAVID				81 Name			
	20 MANGO AVENUE	82 Street Ad		Street	Address (P.O. Box Number is Not Acceptable)		
CO	COA FL 32926						
			63				
			84	City	<b>—</b> 85 Z	ip Code	
dd Burauant	to the provisions of Continue CO7 CCD	2 and CO7 1000 Florida Clatalan	the char		FL   <sup>93</sup>   <sup>1</sup>	a ita aaaiataaa d	
11. Pursuant to the provisions of Sections 607 0502 and 507.1508, Florida Statulos, 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.							
<b>ag</b> ent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statute:	S.		_	
SIGNATURE	Clare	Alfall F			e required when reinstating) DATE		
12.	Signature: typed or printed name of its gislered age.  OFFICERS ANI		13.	nii signaiure	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D	DELETE	1.1 TOLE		Chan		
NAME	BOYLE, DAVID		1.2 NAME		Milne, Heather		
STREET ADDRESS	4820 MANGO AVENUE		1.3 STREET ADDRESS		4820 Mango Ave		
CITY-ST-ZIP	COCOA FL 32926				C000a, FL 32926		
TITLE		☐ DELETE	2.1 TITLE		☐ Chan	ge Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		Chan	ge Addition	
NAME			3.2 NAME				
STREET ADDRESS	33		33 STREFT	ADDRESS			
CITY-ST-ZIP _			3.4. CITY - ST - ZIP				
TITLE	DELETE 4.11		4.1 TITLE	<del></del>	[_] Chan	ge Addition	
NAME			4. 2 NAME				
STREET ADDRESS	ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY - S	T - ZiP			
TITLE		☐ DELETE	5 1 1ITLE		Change	ge 🔲 Addition	
NAME			52 NAME				
STREET ADDRESS			5 3 STRFET ADDRESS				
CITY-ST-ZIP .	 		5.4 CITY-ST-ZIP				
TITLE	· :	DELETE	6.1 TITLE		Chan	ge 🔲 Addition	
NAME			6.2 NAME				
STREET ADDRESS	•		63 STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY-S				
14. I hereby of indicated	certify that the information supplied wi	ith this filing does not <b>qualify for t</b> I appual report is true and accum	the exemp	tion state	ed 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. Heather Milner Boyle							