

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90090 037 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000070988

1. Corporation Name
AUTOMATIC PLUMBING & HEATING CO., INC.



Principal Place of Business
**2845 W KING STREET
 SUITE C1
 COCOA FL 32926
 US**

Mailing Address
**5820 MANGO AVENUE
 COCOA FL 32926
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1997

4. FEI Number
59-3462917

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2845 W. KING ST.

2a. Mailing Address
26 805 CRESTVIEW RD.

Suite, Apt. #, etc.
22 SUITE C1

Suite, Apt. #, etc.
27 C-6

City & State
23 COCOA, FLORIDA

City & State
28 COCOA, FLORIDA

Zip Country
24 32926 25 USA

Zip Country
29 32922 30 USA

9. Name and Address of Current Registered Agent

**BOYLE, DAVID
 4820 MANGO AVENUE
 COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name **DAVID BOYLE**

82 Street Address (P.O. Box Number is Not Acceptable)
805 CRESTVIEW RD # C-6

83

84 City **COCOA** FL 85 Zip Code **32922**

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 **David M Boyle Pres.**

Signature, typed or printed name of registered agent applicable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, DAVID	
STREET ADDRESS	4820 MANGO AVENUE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILNE, HEATHER	
STREET ADDRESS	4820 MANGO AVENUE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/PRES. DENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOYLE DAVID	
1.3 STREET ADDRESS	805 CRESTVIEW RD #C-6	
1.4 CITY-ST-ZIP	COCOA, FL 32922	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David M Boyle Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(407) 631-8494

Daytime Phone #

CR2E034 (11/98)