

FROM : SMITH

PHONE NO. : 407 349 0888

May. 25 1999 09:33AM P2

FILED

99 MAY 17 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000024031
1. Corporate Name
Seminole Plumbing Co., Inc.

Principal Office of Business
1137 Settlers Loop
Geneva, FL 32732

Mailing Address
P.O. Box 621529
Orlando, FL 32762-1529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1998

4. Filing Number
59-3498560

5. 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 the current year (including Personal Property Tax) Yes No

21. Principal Place of Business
22. Suite, Apt. & etc.
23. City & State
24. Zip
25. Country

26. Mailing Address
27. Suite, Apt. & etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
Whigham, Frank C.
200 W. First Street
Sanford, FL 32771

10. Name and Address of New Registered Agent
81 Name
Smith, Stephen P.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1137 Settlers Loop
84 City
Geneva FL 32732

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 responsibility of, Florida Statutes.

SIGNATURE: *Stephen P. Smith* STEPHEN P. SMITH PRES. 5-5-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Stephen P.	1.2 NAME	
STREET ADDRESS	P.O. Box 621858	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Orlando, FL 32762-1858	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farrell, Brian W.	2.2 NAME	
STREET ADDRESS	3538 Bocage Dr. #915	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Orlando, FL 32812	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Margaret E.	3.2 NAME	
STREET ADDRESS	P.O. Box 621858	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Orlando, FL 32762-1858	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or 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 prepare this report as required by Chapter 307, 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 file empowered.

SIGNATURE: *Margaret E. Smith* Margaret E. Smith, ST 4/13/99 407/349-1447

CRZEDCA (1/7/98)