

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000076022 1. Corporation Name DOLPHIN PLUMBING OF CENTRAL FLORIDA, INC.			
Principal Place of Business 1583 East Silver Star Road Ocoee, Florida 34761		Mailing Address the same	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 7226 W. Colonial Dr. Suite, Apt. #, etc. 22 204 City & State 23 Orlando, Florida Zip Country 24 32818 25		2a. Mailing Address 26 the same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 09/01/98		4. FEI Number 59-3529940 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent AmeriLawyer Chartered 343 Almeria Avenue Coral Gables, Florida 33134		10. Name and Address of New Registered Agent 81 Name Spiegel & Utrera, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue 83 84 City Coral Gables FL 85 Zip Code 33134	
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 the provisions of Section 607.0505, Florida Statutes. SIGNATURE By: <u>Natalia Utrera, Vice-President</u> DATE <u>4/18/99</u>			
12. OFFICERS AND DIRECTORS TITLE PSTD <input checked="" type="checkbox"/> DELETE NAME Murphy, Clinton E. STREET ADDRESS 1583 East Silver Star Road CITY-ST-ZIP Ocoee, Florida 34761 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Padgett, Jerry 1.3 STREET ADDRESS 7226 West Colonial Dr., Ste. 204 1.4 CITY-ST-ZIP Orlando, Florida 32818 2.1 TITLE VPTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Douglas J. Macaw 2.3 STREET ADDRESS 7226 West Colonial Dr., Ste. 204 2.4 CITY-ST-ZIP Orlando, Florida 32818 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 100002859271-4 3.4 CITY-ST-ZIP -04/30/89-01135-010 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: Jerry Padgett Jerry Padgett

4/1/99 1-407-246-0550

CR2E034 (11/98)