

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32200

(5)

1. Corporation Name

PAYLESS PLUMBING, INC.



Principal Place of Business

13014 N. DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address

13014 N. DALE MABRY HIGHWAY
TAMPA FL 33618

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/14/1991

3a. Date of Last Report
01/23/1995

4. FEI Number

59-3053546

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

POWELL, MATTHEW D., P.A.
304 PLANT AVENUE
TAMPA FL 33606

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when rehashing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DALRYMPLE, NICK
STREET ADDRESS 13014 N DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE V
NAME GRAYSON, EDWIN
STREET ADDRESS 13014 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE S
NAME GOLDBERG, GERALD
STREET ADDRESS 4930 9TH AVE S
CITY-ST-ZIP GULFPORT FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President (V)
1.2 NAME Shellee West
1.3 STREET ADDRESS 13014 N. Dale Mabry #248
1.4 CITY-ST-ZIP Tampa, FL 33618

☒ Change ☒ Addition

2.1 TITLE Secretary (S)
2.2 NAME D.A. Nick Dalrymple
2.3 STREET ADDRESS 13014 N. Dale Mabry #248
2.4 CITY-ST-ZIP Tampa, FL 33618

☒ Change ☒ Addition

3.1 TITLE Treasurer (T)
3.2 NAME Paul Dollar
3.3 STREET ADDRESS 9030 Bayou Dr
3.4 CITY-ST-ZIP Tampa, FL 33635

☒ Change ☒ Addition

4.1 TITLE (V)
4.2 NAME Thomas Webster
4.3 STREET ADDRESS 6030 150th Avenue #110
4.4 CITY-ST-ZIP Clearwater, FL 34620

☒ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

D.A. Nick Dalrymple

4-29-96

813-968-7059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)