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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33618-2808

3. Date Incorporated or Qualified
02/14/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1955 Range Rd

22 City & State

27 City & State
Kimball MI

23 Zip

Country

28 Zip
48074

Country
US

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

Matthew D. Powell, President Matthew D. Powell, P.A.

3-5-97

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WEST, SHELLEE
STREET ADDRESS 13014 N. DALE MABRY #248
CITY-ST-ZIP TAMPA FL

DELETE

TITLE S
NAME D.A. NICK DALRYMPLE
STREET ADDRESS 13014 N. DALE MABRY #248
CITY-ST-ZIP TAMPA FL

DELETE

TITLE T
NAME DOLLAR, PAUL
STREET ADDRESS 9030 BAYOU DR
CITY-ST-ZIP TAMPA FL 33635

DELETE

TITLE V
NAME WEBSTER, THOMAS
STREET ADDRESS 8030 150TH AVEN #100
CITY-ST-ZIP CLEARWATER FL 34620

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 Pres
1.2 NAME LISA M. STONE
1.3 STREET ADDRESS 1955 Range Rd
1.4 CITY-ST-ZIP Kimball, MI 48074

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Lisa M. Stone LISA M. STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0364113

CR2E034 (9/96)