

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 # **S43262 (2)**

1. Corporation Name
PIPE-RITE PLUMBING, INC.



Principal Place of Business: P O BOX 6383 LAKE WORTH FL 33466-6383 US
Mailing Address: P O BOX 6383 LAKE WORTH FL 33466-6383 US

3. Date Incorporated or Qualified: **04/02/1991**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0256770** 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: Country: 24
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: Country: 29

9. Name and Address of Current Registered Agent
**MAXWELL, ANTHONY R.
4098 KIRKLAND LN
LAKE WORTH FL 33466**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: DPT	12.2 NAME: MAXWELL, ANTHONY R	12.3 STREET ADDRESS: 4098 KIRKLAND LN	12.4 CITY, ST, ZIP: LAKE WORTH FL	12.5 DELETE: <input type="checkbox"/>
12.6 TITLE: VPS	12.7 NAME: MAXWELL, JUDY A	12.8 STREET ADDRESS: 4098 KIRKLAND LN	12.9 CITY, ST, ZIP: LAKE WORTH FL	12.10 DELETE: <input type="checkbox"/>
12.11 TITLE:	12.12 NAME:	12.13 STREET ADDRESS:	12.14 CITY, ST, ZIP:	12.15 DELETE: <input type="checkbox"/>
12.16 TITLE:	12.17 NAME:	12.18 STREET ADDRESS:	12.19 CITY, ST, ZIP:	12.20 DELETE: <input type="checkbox"/>
12.21 TITLE:	12.22 NAME:	12.23 STREET ADDRESS:	12.24 CITY, ST, ZIP:	12.25 DELETE: <input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	13.2 NAME:	13.3 STREET ADDRESS:	13.4 CITY, ST, ZIP:	13.5 CHANGE: <input type="checkbox"/>	13.6 ADDITION: <input type="checkbox"/>
13.7 TITLE:	13.8 NAME:	13.9 STREET ADDRESS:	13.10 CITY, ST, ZIP:	13.11 CHANGE: <input type="checkbox"/>	13.12 ADDITION: <input type="checkbox"/>
13.13 TITLE:	13.14 NAME:	13.15 STREET ADDRESS:	13.16 CITY, ST, ZIP:	13.17 CHANGE: <input type="checkbox"/>	13.18 ADDITION: <input type="checkbox"/>
13.19 TITLE:	13.20 NAME:	13.21 STREET ADDRESS:	13.22 CITY, ST, ZIP:	13.23 CHANGE: <input type="checkbox"/>	13.24 ADDITION: <input type="checkbox"/>
13.25 TITLE:	13.26 NAME:	13.27 STREET ADDRESS:	13.28 CITY, ST, ZIP:	13.29 CHANGE: <input type="checkbox"/>	13.30 ADDITION: <input type="checkbox"/>

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 supplier's 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 its 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: *[Signature]* Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 407-439-2645

CR2E034 (12/95)