

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 29 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S60092

(1)

1. Corporation Name

CORAL PLUMBING, INC.

Principal Place of Business

73 NOTTINGHAM LANE  
INGLIS FL 34449  
US

Mailing Address

73 NOTTINGHAM LANE  
INGLIS FL 34449  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LARSON, GRETA  
73 NOTTINGHAM LANE  
INGLIS FL 34449

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

Signature, typed or printed name of registered agent as applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | PTD                | <input type="checkbox"/> DELETE |
| NAME            | LARSON, GRETA      |                                 |
| STREET ADDRESS  | 73 NOTTINGHAM LANE |                                 |
| CITY - ST - ZIP | INGLIS FL          |                                 |
| TITLE           | VSD                | <input type="checkbox"/> DELETE |
| NAME            | DONATELLI, BRETT   |                                 |
| STREET ADDRESS  | 73 NOTTINGHAM LANE |                                 |
| CITY - ST - ZIP | INGLIS FL          |                                 |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.



DO NOT WRITE IN THIS SPACE

|                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                                   | 3a. Date of Last Report                                  |
| 06/13/1991                                                                                          | 01/31/1996                                               |
| 4. FEI Number                                                                                       | Applied For                                              |
| 65-0270076                                                                                          | 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     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Name and Address of New Registered Agent                                                        |                                                          |

CR2E034 (4/97)