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 # **S68435** **(4)**

1. Corporation Name

FLORIDA PLUMBING APPRENTICESHIP ASSOCIATION, INC

Principal Place of Business

2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409
US

Mailing Address

2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **07/22/1991**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **65-0285596** ☐ 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

GRAHAM, JANET L.
2525 OLD OKEECHOBEE RD
STE 9
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1505, 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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JANET		1a NAME	
STREET ADDRESS	14499 CYPRESS ISLAND CIRCLE		1b STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1c CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JANET		2a NAME	
STREET ADDRESS	14499 CYPRESS ISLAND CIRCLE		2b STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		2c CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3a NAME	
STREET ADDRESS			3b STREET ADDRESS	
CITY-ST-ZIP			3c CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of 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, added or deleted.

SIGNATURE: Janet L Graham 4/15/96 407-697-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)