
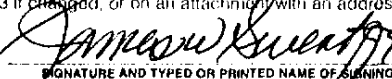


FILE NOW: FILING FEE AFTER MAY 1ST IS \$559.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V19160 1. Corporation Name GOODWIN PLUMBING INC					
Principal Place of Business 2908 EDISON AVE JACKSONVILLE, FL 32205			Mailing Address 2908 EDISON AVE JACKSONVILLE, FL 32205		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/92	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-3110170	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAMES W SWEAT JR 2908 EDISON AVE JACKSONVILLE, FL 32205				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PRESIDENT	<input type="checkbox"/> DELETE			
NAME	JAMES W SWEAT JR				
STREET ADDRESS	2908 EDISON AVE				
CITY-ST-ZIP	JACKSONVILLE, FL 32205				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
400002527344					
-05/18/98--01076--006					
***150.00					
14. I 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:  JAMES W. SWEAT JR 04/28/98 (904) 389-3411					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					