

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 # **V31620** (0)

1. Corporation Name

SHALIMAR PLUMBING, INC.



Principal Place of Business

**104 SKIPPER AVE.
FT. WALTON BEACH FL 32548**

Mailing Address

**73 LAKE LORRAINE CIR.
SHALIMAR FL 32579-1617**

3. Date Incorporated or Qualified
04/23/1992

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **105 SKIPPER AVE**
Suite, Apt. #, etc.

26 **105 SKIPPER AVE**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **FORT WALTON BEACH, FL**
Zip Country

28 **FORT WALTON BEACH, FL**
Zip Country

24 **32547**

29 **32547**

30

4. FET Number
59-3123137

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

10. Name and Address of New Registered Agent

**CUMMINS, DAVID
73 LAKE LORRAINE CIRCLE
STE 12
SHALIMAR FL 32579**

81 Name **SCOTT FOSTER**
82 Street Address (P.O. Box Number is Not Acceptable)
105 SKIPPER AVENUE
83 **FORT WALTON BEACH**
84 City

FL 85 Zip Code
32547

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 **SCOTT E Foster**
Signature, typed or printed name of registered agent and date in parentheses

Scott Foster
(NOTE: Registered Agent's signature required when removing)

5/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D			
	CUMMINS, DAVID G.			
	73 LAKE LORRAINE CIR			
	SHALIMAR FL			

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 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 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: **David Cummins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

904-863-5859

Daytime Phone #

CR2E034 (12/95)