

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

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # **V33830** (3)

1. Corporation Name
J. D. MARTIN PLUMBING, INC.



Principal Place of Business: **931 ACR 25 LADY LAKE FL 32159 US**
Mailing Address: **931 A CR25 LADY LAKE FL 32159 US**

3. Date Incorporated or Qualified: **05/04/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3121418**
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: **21 506 US HWY 27**
22 Suite, Apt. #, etc.
23 City & State: **MINNEOLA FLA**
24 Zip: **34755** 25 Country: **LAKE**
26 Mailing Address: **26 PO BOX 638**
27 Suite, Apt. #, etc.
28 City & State: **MINNEOLA FLA**
29 Zip: **34755** 30 Country: **LAKE**

9. Name and Address of Current Registered Agent: **BLANCHETTE, RAYMOND 506 US HWY. 27 MINNEOLA FL 34755**
10. Name and Address of New Registered Agent: **81 Name: P MARTIN JAMES 82 Street Address (P.O. Box Number is Not Acceptable): 19021 SO O'BRIEN RD 83 GROVELAND FLA 84 City: GROVELAND FL 85 Zip Code: 34736**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARTIN, JAMES		1.2 NAME: MARTIN JAMES	
STREET ADDRESS: 212 GRASSY LAKE RD.		1.3 STREET ADDRESS: 19021 SO O'BRIEN RD	
CITY-ST-ZIP: MINNEOLA FL		1.4 CITY-ST-ZIP: GROVELAND FLA 34736	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLANCHETTE, RAYMOND		2.2 NAME: BLANCHETTE RAYMOND	
STREET ADDRESS: 506 US HWY 27		2.3 STREET ADDRESS: 19007 SO O'BRIEN RD	
CITY-ST-ZIP: MINNEOLA FL		2.4 CITY-ST-ZIP: GROVELAND FLA 34736	
TITLE: ST	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLANCHETTE, RAYMOND		3.2 NAME:	
STREET ADDRESS: 506 US HWY 27		3.3 STREET ADDRESS:	
CITY-ST-ZIP: MINNEOLA FL		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: **Raymond Blanchette Vice Pres.** **RAYMOND BLANCHETTE**
DATE: **5/22/96** 352.994-4851

CR2E034 (12/95)