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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
95 JUN -1 PM 11:26

DOCUMENT # **302370** **(2)**

1. Corporation Name

PAUL ASENJO PLUMBING INC.

Principal Place of Business	Mailing Address
2721 PINEWOOD AVENUE P. O. BOX 8055 WEST PALM BEACH FL 33407	2721 PINEWOOD AVENUE P. O. BOX 8055 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1966
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1194 Old Dixie Hwy. #22	26 1194 Old Dixie Hwy.#22
Suite, Apt. #, etc. 22 Lake Park, FL 33403	Suite, Apt. #, etc. 27 Lake Park, FL 33403
City & State 23 Lake Park, FL	City & State 28 Lake Park, FL
Zip / County 24 33403 / 25 Palm Beach	Zip / County 29 33403 / 30 Palm Bch.

4. FEI Number: 59-1117767 ☐ 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
HICKMAN, LUCILLE S. 589 CASHIERS DRIVE W PALM BCH. FL 33415	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 733 Flamingo Way North Palm Bch, FL 33408 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1. TITLE	☐ Change ☐ Addition
NAME	VASTOLA, GAIL H	1. NAME	
STREET ADDRESS	800 LAKESIDE DR	1. STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	1. CITY-ST-ZIP	
TITLE	PS	2. TITLE	☐ Change ☐ Addition
NAME	HICKMAN, LUCILLE S.	2. NAME	
STREET ADDRESS	733 FLAMINGO WAY	2. STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	2. CITY-ST-ZIP	
TITLE	VP	3. TITLE	☐ Change ☐ Addition
NAME	HICKMAN, JACK B	3. NAME	
STREET ADDRESS	2270 WILSEE RD	3. STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDS, FL 00000	3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate and 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 with changes or addition thereto with an address.

SIGNATURE: Lucille S. Hickman Lucille S. Hickman 5/26/95 (407)844-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248178 CP