FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K16856** **(2)**

1. Corporation Name
RELIANCE PLUMBING, INC.

Principal Place of Business
510 CHARLOTTE ST.
LONGWOOD FL 32750
US

Mailing Address
PO BOX 520691
LONGWOOD FL 32752-7891
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 578 North St.
22 Suite, Apt #, etc
23 City & State: Longwood FL
24 Zip: 32750
25 County: Seminole

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

4. FEI Number: 59-2871492
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 elected to be governed by the provisions of Section 607.0505, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PARKS, ALAN D.
510 CHARLOTTE ST.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 578 North St.
83
84 City: Longwood FL
85 Zip Code: 32750

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 (Address change only)
(Signature of Current Registered Agent or Officer or Director of Current Registered Agent Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 Title	DP	11 Title	☒ Change ☐ Addition (Address only)
12 Name	PARKS, ALAN D.	12 Name	
13 Street Address	1351 CHARLOTTE ST	13 Street Address	5000 Fox Fire Lane
14 City, St, Zip	ALTAMONTE SPGS FL	14 City, St, Zip	Lake Mary, FL 32746
21 Title	DV	21 Title	☒ Change ☐ Addition (Address only)
22 Name	PARKS, MAUREEN L.	22 Name	
23 Street Address	1351 CHARLOTTE ST	23 Street Address	5000 Fox Fire Lane
24 City, St, Zip	ALTAMONTE SPGS FL	24 City, St, Zip	Lake Mary, FL 32746
31 Title		31 Title	☐ Change ☐ Addition
32 Name		32 Name	
33 Street Address		33 Street Address	
34 City, St, Zip		34 City, St, Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City, St, Zip		44 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City, St, Zip		64 City, St, Zip	

14. I hereby certify that the information indicated on this report or supplemental 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 with an asterisk.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alan D. Parks

Title

Date

0416103 FP