

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K84729** (8)

1. Corporation Name

KEVIN HALL PLUMBING, INC.



Principal Place of Business

**P O BOX 568
EDGEWATER FL 32132**

Mailing Address

**P O BOX 568
EDGEWATER FL 32132**

3. Date Incorporated or Qualified
05/02/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business
21 **2220 Guava dr.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Unit # A**

Suite, Apt. #, etc.

23 **EDGEWATER FL**

City & State

24 **32132** 25 Country

28 Zip Country
29 30

4. FEI Number
59-2956018

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

**HALL, KEVIN L.
805 PALMETTO STREET
NEW SMYRNA BEACH FL 32168**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1321 Sabal Palm

83

84 City

Edgewater

FL

85 Zip Code
32141

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

Signature typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P HALL, KEVIN L.**
STREET ADDRESS **805 PALMETTO STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE
NAME **V HALL, FRANK E.**
STREET ADDRESS **117 E. PALMWAY**
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1321 Sabal Palm**
1.4 CITY-ST-ZIP **Edgewater FL 32141**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **606 S. ATLANTIC AVE**
2.4 CITY-ST-ZIP **NSB FL 32169**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

904 427 4870
Daytime Phone