

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V67625 (6)**

1. Corporation Name

**PLUMBING MANUFACTURERS REP. OF FLORIDA CORPORATI  
ON**

Principal Place of Business

5124 CAUSEWAY BLVD  
TAMPA FL 33619  
US

Mailing Address

5124 CAUSEWAY BLVD  
TAMPA FL 33619  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1103 G N. 22<sup>nd</sup> Street

2a. Mailing Address

26 P.O. Box 76264

4. FEI Number

59-3154106

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Tampa, Florida

Suite, Apt. #, etc.

27 Tampa, Florida

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 33605 USA

City & State

28 33675-1264 USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032.  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

HAYES, GEORGE L III  
696 1ST AVENUE NORTH  
SUITE 303  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Norman Sheila D.

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

115 N. Mac Dill Avenue

83

84 City Tampa

FL

85 Zip Code 33609

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

*Sheila D. Norman*

4-27-95

Signature (hand or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARTMANN, STEPHEN R
STREET ADDRESS	2414 BELMAN PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	618 College Ave W.
1.4 CITY - ST - ZIP	Ruskin, FL 33570
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STO Steven L. Dorsey
2.3 STREET ADDRESS	15303 Summerwood
2.4 CITY - ST - ZIP	Tampa, FL 33624
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD David M. Donaldson
3.3 STREET ADDRESS	3702 Barcelona Street
3.4 CITY - ST - ZIP	Tampa, FL 33609
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 110.07(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:

*Stephen R. Hartmann* Stephen R. Hartmann

(813) 247-2611

Signature and typed or printed name of signing officer or director

Date

(Include if true)