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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:42

DOCUMENT # 148582

(0)

1. Corporation Name

GENERAL PLUMBING, INC.

Principal Place of Business

5519 GEORGIA AVE
WEST PALM BEACH FL 33405-0594

Mailing Address

5519 GEORGIA AVE
WEST PALM BEACH FL 33405-0594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1946

3a. Date of Last Report

01/19/1994

4. FEI Number

59-0559179

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

NEWHART, OTTO P.
5519 GEORGIA AVE.
WEST PALM BEACH FL 33405

81 Name

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

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent, Signature Required, and Date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME NEWHART, OTTO P
STREET ADDRESS 5519 GEORGIA AVE.
CITY ST ZIP WEST PALM BCH, FL 00000

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE V
NAME DUFF, KATHY J.
STREET ADDRESS 2585 PALMARITA RD.
CITY ST ZIP WEST PALM BEACH, FL00000

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE P
NAME NEWHART, OTTO P
STREET ADDRESS 5519 GEORGIA AVE.
CITY ST ZIP WEST PALM BCH, FL 00000

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: Otto P. Newhart

(Signature and Printed or Typed Name of Signing Officer or Director)

1-10-95

407-585-2591