SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:50

DOCUMENT # **217130** **(4)**

1. Corporation Name
FRENZEL & SONS PLUMBING CO.

Principal Place of Business	Mailing Address
3260 N ANDREWS OAKLAND PARK FL 33309	3260 N ANDREWS OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/09/1958	06/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☐ Applied For
21	26	59-6064886	☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 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	10. Name and Address of New Registered Agent
FRENZEL, W.R. 4811 N.W. 1ST CT P PLANTATION FL 33317	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRENZEL,W.R.	12 NAME	
STREET ADDRESS	4811 N.W.1ST COURT	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	FRENZEL,DIANA	22 NAME	
STREET ADDRESS	4811 N.W. 1ST COURT	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	FRENZEL,DIANA	32 NAME	
STREET ADDRESS	4811 N.W. 1ST COURT	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DOUMA,JAMES W.	42 NAME	
STREET ADDRESS	3210 NW 108 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	FRENZEL, WILLIAM L.	52 NAME	
STREET ADDRESS	4811 NW 1 CT.	53 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	FRENZEL, DAVID J.	62 NAME	
STREET ADDRESS	4811 NW 1 CT.	63 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/8/95 (305)586-6565
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0072644 CP