

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:29

DOCUMENT # 393396

(7)

1. Corporation Name

RINGEMANN PLUMBING SERVICE, INC.

Principal Place of Business

2190 N. W. 22ND COURT
MIAMI FL 33142

Mailing Address

2190 N. W. 22ND COURT
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1972	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1519575	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

RINGEMANN, ROBERT P.
5908 SW 82ND ST
MIAMI FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RINGEMANN, ROBERT P.	1.2 NAME	
STREET ADDRESS	5908 S. W. 82ND STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	RINGEMANN, MARY LOU	2.2 NAME	
STREET ADDRESS	5908 S. W. 82ND STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RINGEMANN, MARY LOU	3.2 NAME	
STREET ADDRESS	5908 S. W. 82ND STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
TITLE	VO	4.1 TITLE	☐ Change ☐ Addition
NAME	RINGEMANN, PAUL R.	4.2 NAME	
STREET ADDRESS	5340 SW 63 CT.	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(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. 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:

Paul R. Ringemann
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (305) 635-4516
Date Telephone #