FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -3 PM 4:24

DOCUMENT # **410176** **(2)**

1. Corporation Name
FLORIDA VALVE & FITTING CO.

Principal Place of Business	Mailing Address
6605 EAST HILLSBOROUGH AVENUE TAMPA FL 33610	6605 EAST HILLSBOROUGH AVENUE TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1972
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address
21 3300 CORPORATE AVE	26 3300 CORPORATE AVE
Suite, Apt. #, etc. 22 SUITE 116	Suite, Apt. #, etc. 27 SUITE 116
City & State 23 FT. LAUDERDALE FL	City & State 28 FT. LAUDERDALE FL
Zip / Country 24 33331 / 25 USA	Zip / Country 29 33331 / 30 USA

4. FEI Number: 59-1417204 ☐ 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
LENNON, H. E. 6200 COCONUT TERRACE PLANTATION FL 33317	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 400 NW 127 AVE #13 83 84 City: PLANTATION FL 85 Zip Code: 33325

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	LENNON, H. E.	12 NAME	
STREET ADDRESS	6200 COCONUT TERRACE	13 STREET ADDRESS	400 NW 127 AVE #13
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	PLANTATION FL 33325
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	LENNON, JANE F.	22 NAME	
STREET ADDRESS	6200 COCONUT TERRACE	23 STREET ADDRESS	400 NW 127 AVE #13
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	PLANTATION FL 33325
TITLE	V	31 TITLE	☐ Change ☒ Addition
NAME	HOMAN, PETER C.	32 NAME	
STREET ADDRESS	16840 98TH WAY N.	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	33478
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 above, or on an attachment with an address.

SIGNATURE: H.E. Lennon 3/27/95 (305) 389-0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT
EXT. 59

CR04A10 CP