

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

APPROVED
AND
FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 417268

(0)

1. Corporation Name

WALTER SCALABRIN PLUMBING INC

Principal Place of Business

4509 NORTH LAKE DRIVE
P.O. BOX 5406
SARASOTA FL 34232
US

Mailing Address

3545 WEBBER STREET
P.O. BOX 5486
SARASOTA FL 34277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1973

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1438929

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 4509 North Lake Drive

23 City & State

24 34232

27 City & State

28 Sarasota, FL

29 34232

30

9. Name and Address of Current Registered Agent

SCALABRIN, WALTER
4509 NORTH LAKE DRIVE
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

7288 W. Country Club Drive N.

83

84 City

Sarasota

FL

85 Zip Code
34243

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

(Agent or State or United States of registered agent and the corporation)

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRKPATRICK, KATHY S.
STREET ADDRESS	4509 N. LAKE DRIVE
CITY, ST, ZIP	SARASOTA FL
TITLE	S
NAME	SCALABRIN, SUZANNE S.
STREET ADDRESS	7288 W CNTRY CLUB DR.
CITY, ST, ZIP	SARASOTA FL
TITLE	V
NAME	KIRKPATRICK, MARK A.
STREET ADDRESS	4509 N. LAKE DRIVE
CITY, ST, ZIP	SARASOTA FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(2)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy S. Kirkpatrick Kathy S. Kirkpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR

4-29-95
Date

813-924-5566
Telephone #