

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 434752

(2)

1. Corporation Name

MAR-B PLUMBING CORPORATION



Principal Place of Business

Mailing Address

104 CRANDON BLVD  
~~421-402~~  
KEY BISCAVNE FL 33149  
US

104 CRANDON BLVD  
~~421-402~~  
KEY BISCAVNE FL 33149  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 402

City & State

23 Zip

Country

24

25

26 Suite, Apt. #, etc.

27 402

City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1973

3a. Date of Last Report

01/20/1995

4. FEI Number

59-1588863

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent (see block 9, applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4 TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY, ST, ZIP

13.7 TITLE

NAME

STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/17/96

305-361-1039

CR2E034 (12/95)