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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

518284 DOCUMENT #

(5)

WHITAKER PLUMBING OF BOCA RATON, INC. Mailing Address Principal Place of Business 428 NW 35TH ST 428 NW 35TH ST **BOCA RATON FL 33431 BOCA RATON FL 33431** 2a. Maling Apdress 2. Principal Place of Business

4. FD Number Applied For 59-1700976 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Ζφ Country  $Z_{\Phi}$ Florida Statutes Yes No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RHOADS, CHERYL Street Address (P.O. Box Number is Not Acceptable) 62 965 S.W. 3RD AVENUE 63 POMPANO BEACH FL 33060 City Zip Code 84 85

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. Thereby accept the appointment as registered agent, I am

familiar with, and accept the obligations of, Section 607.0505, Norida Statutes				
SIGNATURE System types or protest memory residence ago the discognished to the CVP Boy sheet Agost system recognished recognishing DATE.				
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE	Р	DELETE	1 1 TIFLE	☐ Change ☐ Addition
NAME	WHITAKER, GRADY.		12 NAME	
STREET ADDRESS	428 NW 35TH ST		1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000		1.4 CHY+S1-2IP	
TITLE	D	DELETE	2 1 TITUE	Change Addition
NAME	WHITAKER, VIRGINIA		2.2 NAME	
STREET ADDRESS	428 NW 35TH ST		2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL		2.4 City - St - ZiF	
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NAME			3.2 NAM:	
STREET ADDRESS			3.3 STREET ADDRESS	
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TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Add₁t on
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		,	4.4 CITY - ST - ZIP	
TITLE		DEFEIE	5 ' TITLE	Change Addition
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TITLE		□ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 C(Ty - ST - Z)P	10 CTOOL 51 - 4-O. 1-4-O.

14. I do hereby certify that the information supplied with this firing is voluntarly furnished and does not quality for the examption stated in Section 119.07(3)(k). Flor da Statutes I further certify that the information indicated on this armulal report or supplemental amount report is true and accurate and that my's gnuture shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the repoleve or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachigent yith apparithess.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

3. Date Incorporated or Qualified 11/12/1976

3a. Date of Last Report

01/19/1995

CR2E034 (12/95)