

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 # 549718 (5)

1. Corporation Name

BROWER PLUMBING COMPANY, INC.

Principal Place of Business

456 NW 35TH ST
BOCA RATON FL 33431

Mailing Address

456 NW 35TH ST
BOCA RATON FL 33431



3. Date Incorporated or Qualified
10/20/1977

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

BROWER, NELSON W
456 NW 35TH ST
BOCA RATON, FL
33431

81 Name BROWER, NELSON W
82 Street Address (P.O. Box Number is Not Acceptable)
6100 N Ocean Blvd
83 PO
84 City Ocean Ridge FL 85 Zip Code 33435

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 and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWER, NELSON W ☐ DELETE
STREET ADDRESS 456 NW 35TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE TD
NAME BROWER, STEPHANIE E ☐ DELETE
STREET ADDRESS 456 NW 35TH ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BROWER, Nelson W
1.3 STREET ADDRESS 6100 N Ocean Blvd
1.4 CITY-ST-ZIP Ocean Ridge, FL 33435

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME ~~BROWER~~, Stephanie E
2.3 STREET ADDRESS 6100 N. Ocean Blvd
2.4 CITY-ST-ZIP Ocean Ridge, FL 33435

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(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:

Nelson W. Brower
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96
Date

407-934-1268
Daytime Phone #

CR2E034 (12/95)