

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 14 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **551109** (2)

1. Corporation Name

MASTER CRAFT PLUMBING CONTRACTORS, INC.

Principal Place of Business

**787 BRENTWOOD DR
DAYTONA BEACH FL 32117**

Mailing Address

**787 BRENTWOOD DR
DAYTONA BEACH FL 32117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1977

3a. Date of Last Report

03/25/1994

4. FEI Number

59-1792882

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**AKERS, WILLIAM H
120 E GRANADA AVE
ORMOND BCH FL 32176**

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 and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
JOHNSTON, ISAAC W.
10 TWELVE OAKS TRAIL
ORMOND BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
JOHNSTON, ANDY W.
911 WOODMERE CIRCLE
ORMOND BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BOPP, EDWARD E.
116 PEACHTREE CIRCLE
DAYTONA BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PRESIDENT

JOHNSTON, ISAAC W

10 TWELVE OAKS TRAIL

ORMOND BEACH, FL 32174

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

SECRETARY

BOPP, EDWARD E.

116 PEACH TREE CIRCLE

DAYTONA BEACH, FL 32118

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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:

Isaac W. Johnston *Pres*

4/8/95 *904 252 7047*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)