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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:07

DOCUMENT # **593230** **(6)**

1. Corporation Name
HAMPTON PLUMBING COMPANY

Principal Place of Business	Mailing Address
1656 CROWDER ROAD TALLAHASSEE FL 32303	1656 CROWDER ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1978
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26 5114 Red Fox Run
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Tallahassee FL
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 32303 / Country 30

4. FEI Number: 59-2208024 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMPTON, W BENTON
1656 CROWDER RD
TALLAHASSEE, FL
32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5114 Red Fox Run
83 Tallahassee FL
84 City FL 85 Zip Code 32303

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: William B Hampton 4-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition — PD
NAME	HAMPTON, W BENTON	12 NAME	HAMPTON, W. BENTON
STREET ADDRESS	1656 CROWER RD	13 STREET ADDRESS	5114 RED FOX RUN
CITY-ST-ZIP	TALLAHASSEE, FL 00000	14 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	~~CTD~~	21 TITLE	☒ Change ☐ Addition — STD
NAME	~~HAMPTON, MARIENDA L~~	22 NAME	HAMPTON, PHYLLIS
STREET ADDRESS	~~1656 CROWDER ROAD~~	23 STREET ADDRESS	5114 RED FOX RUN
CITY-ST-ZIP	~~TALLAHASSEE FL~~	24 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: William B Hampton 4-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

002001 CP