

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 8/9/88: \$328 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # 597311 (0)

1. Corporation Name
SOUTHERN PLUMBING CONTRACTORS INC.

Principal Place of Business: **3851 S.W. 130TH AVE PO BOX 199 MIRAMAR FL 33027**
 Mailing Address: **3851 S.W. 130TH AVE PO BOX 199 MIRAMAR FL 33027**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/07/1978	06/27/1994
22 State, Apt #, etc		27 State, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-1864986	Not Applicable
24 Zip	25 County	29 Zip	30 County	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Extension of Corporate Term by Trust Agreement	\$5.00 May Be Added to Fees
				8. The corporation has liability for alternative tax under s. 100, 102 Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEUBERT, BENJAMIN H. 3851 SW 130TH AVE, CB #199 MIRAMAR FL 33027				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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: _____ (Type or print name of registered agent or the incorporator) _____ (Registered Agent signature required when registering) _____ (Date)

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBERT, BENJAMIN H.	1.2 NAME	
STREET ADDRESS	3851 SW 130TH AVE #199	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBERT, ROBIN L	2.2 NAME	
STREET ADDRESS	3851 SW 130TH AVE #199	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 227, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BENJAMIN NEUBERT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **6.25.95** 305-435-5730

CR2E034 (3/95)