

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT 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 JUN -9 10 20

DOCUMENT # **635403** (9)

1. Corporation Name
HARDEE COUNTY PLUMBING, INC.

Principal Place of Business Mailing Address
HWY 17 N. (111) HARDEE CO WAUCHULA FL 33873 US
P.O. BOX 836 P.O. BOX 836 WAUCHULA FL 33873 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/07/1979** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-1938160** Renewed 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. 195.032, Florida Statutes Yes No
 9. Name and Address of Current Registered Agent **HEFLIN, DOUGLAS I. 71 HANCHEY ROAD WAUCHULA FL 33873**
 10. Name and Address of New Registered Agent **NONE**

2. Principal Place of Business 2a. Mailing Address
 21 **Hardee County** 26 **P.O. Box 836**
 Suite, Apt., etc. Suite, Apt., etc.
 22 **Wauchula, FL 33873** 27 **Wauchula, FL**
 City & State City & State
 23 **33873 Hardee** 28 **33873**
 Zip Country Zip Country
 24 25 29 30 **Hardee**

9. Name and Address of Current Registered Agent
**HEFLIN, DOUGLAS I.
 71 HANCHEY ROAD
 WAUCHULA FL 33873**
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFLIN, DOUGLAS I.	1.2 NAME	
STREET ADDRESS	111 NORTH HWY. 17	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFLIN, DOUGLAS I.	2.2 NAME	
STREET ADDRESS	111 NORTH HWY. 17	2.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFLIN, DOROTHY M.	3.2 NAME	
STREET ADDRESS	111 NORTH HWY. 17	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	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 110.07(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: Dorothy Heplin V.D. 6-1-95
 MORTGAGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)