

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 636539

(9)

To: Corporation Name

WOOD PLUMBING, INC.

Principal Office Address

2034 NE 18TH ST
FT LAUDERDALE FL 33305

Alternate Address

2034 NE 18TH ST
FT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1979	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2039080	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 failed to pay franchise tax under § 400.009, Florida Statutes ☒ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIRANDA, DAWN 843 RICH DR. #105 AT TIVOLI DEERFIELD BEACH FL 33441	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

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, TERRY	2. NAME	
STREET ADDRESS	5172 N.W. 52ND ST.	3. STREET ADDRESS	
CITY, ST, ZIP	COCONUT CREEK FL	4. CITY, ST, ZIP	
TITLE	S	21. TITLE	☐ Change ☐ Addition
NAME	MIRANDA, DAWN	22. NAME	
STREET ADDRESS	843 RICH DR. #105	23. STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BCH. FL	24. CITY, ST, ZIP	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 311.02(4)(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 that I am an officer or director of the corporation or the recipient of business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Dawn Miranda* (Dawn Miranda) SECRETARY 04/27/95 (305) 561-9650
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR