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 MAR 30 AM 8:34

DOCUMENT # **641085** **(6)**

1. Corporation Name
CONTRACT PLUMBERS, INC.

Principal Place of Business
COCOLI INDUSTRIAL AREA
LOT 7, PANAMA CANAL AREA
COCOLI PA
US

Mailing Address
~~1500 SAN REMO AVENUE, STE. 125~~
~~CORAL GABLES FL 33146~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1979**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 2650 Biscayne Blvd.
Suite, Apt. #, etc.
27: c/o Udell
City & State
28: Miami, FL
Zip 29: 33137 Country 30: USA

4. FEI Number: **98-0040786** 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

9. Name and Address of Current Registered Agent

UDELL, BARTON S.
~~1500 SAN REMO AVENUE, STE. 125~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2650 Biscayne Boulevard
83
84 City: Miami, 85 FL Zip Code: 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HOMA, BRUCE M	12 NAME		
STREET ADDRESS	COCOLI TRAILER PK #18	13 STREET ADDRESS		
CITY ST ZIP	COCOLI, PANAMA 0	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HOMA, DEAN C	22 NAME		
STREET ADDRESS	COCOLI TRAILER PK #17	23 STREET ADDRESS		
CITY ST ZIP	COCOLI, PANAMA 0	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	HOMA, C WILLIAM	32 NAME		
STREET ADDRESS	HOUSE 792X	33 STREET ADDRESS		
CITY ST ZIP	BALBOA, PANAMA	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	PUENTES, ARMANDO	42 NAME		
STREET ADDRESS	ARCADIA BLDG APT 7C	43 STREET ADDRESS		
CITY ST ZIP	PANAMA, PANAMA	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)(i), 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: C. WILLIAM HOMA C. William Homa FEB - 2 1995
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — DATE
SECRETARY
(507) 52-2226