

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 641595 (4)
1. Corporation Name
DUR-O-MATIC WATER HEATERS, INC.

Principal Place of Business Mailing Address
C/O DUR-O-MATIC INC C/O DUR-O-MATIC INC
500 NORTH WESTSHORE BLVD. STE 610 500 NORTH WESTSHORE BLVD. STE 610
TAMPA FL 33609 TAMPA FL 33609-1972

3. Date Incorporated or Qualified 10/11/1979 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 401 E. JACKSON ST 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 2400 27
City & State City & State
23 TAMPA 28
Zip Country Zip Country
24 33602 25 USA 29 30

4. FEI Number 59-1941319 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

10. Name and Address of New Registered Agent

HOLDER, HAROLD D SR.
500 NORTH WESTSHORE BLVD
SUITE 610
TAMPA, FL 33609

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 2400
83 401 E. JACKSON ST
84 City TAMPA FL 85 Zip Code 33602

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HOLDER, HAROLD D., SR.
STREET ADDRESS 500 NORTH WESTSHORE #610
CITY-ST-ZIP TAMPA FL
TITLE P ☒ DELETE
NAME ANDRES, PETER N.
STREET ADDRESS 3500 N.W. 71ST STREET
CITY-ST-ZIP MIAMI FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition
1.2 NAME SAME
1.3 STREET ADDRESS SUITE 2400 401 E. JACKSON ST
1.4 CITY-ST-ZIP TAMPA FL 33602
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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 *[Signature]* 4/30/97 813
200002204012 SP8/97
-06/06/97--01048--005 PH
***1320-00

CR2E034 (9/96)