

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 646095

(0)

1. Corporation Name

MISTER PLUMBER, INC.

Principal Place of Business

Mailing Address

~~2223 N.W. 64 AVE~~
~~SUNRISE FL 33313~~

~~2223 N.W. 64 AVE~~
~~SUNRISE FL 33313~~



2. Principal Place of Business

2a. Mailing Address

21 10863 N.W. 50TH STREET

26 10863 N.W. 50TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE FL

28 SUNRISE FL

24 Zip 33351

25 Country Broward

29 Zip 33351

30 Country Broward

9. Name and Address of Current Registered Agent

FRITZ, DONALD A.
7485 NW 22 STREET
MARGATE FL 33063

3. Date Incorporated or Qualified

11/26/1979

3a. Date of Last Report

05/01/1995

4. FET Number

59-1958726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME FRITZ, DONALD A.
STREET ADDRESS 7485 NW 22 STREET
CITY-ST-ZIP MARGATE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME FRITZ, BARBARA
STREET ADDRESS 7485 NW 22 STREET
CITY-ST-ZIP MARGATE FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME FRITZ, ROBERT T.
STREET ADDRESS 11320 N.W. 32ND MANOR
CITY-ST-ZIP SUNRISE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME FRITZ, DONALD T.
STREET ADDRESS 8371 NW 28 PLACE
CITY-ST-ZIP SUNRISE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara L. Fritz, Sec.

3/21/96

DATE

DAYTIME PHONE

CR2E034 (12/95)