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

APPROVED AND FILED
95 APR 21 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **689260** **(8)**

1. Corporation Name
TEARE PLUMBING SUPPLY, INC.

Principal Place of Business	Mailing Address
527 BALLOUGH ROAD DAYTONA BEACH FL 32114	527 BALLOUGH ROAD DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1960	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1882073	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSTERNDORF, RICHARD J. 421 N.WILD OLIVE AVE. DAYTONA BEACH FL 32018	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	VP	☐ Change ☐ Addition
NAME	DIANO, R W	1.2 NAME	DIANO,R.W.	
STREET ADDRESS	1007 TOMPKINS DR.	1.3 STREET ADDRESS	1007 TOMPKINS DR.	
CITY-ST-ZIP	PT ORANGE FL	1.4 CITY-ST-ZIP	PT ORANGE, FL.	
TITLE	P	2.1 TITLE	T	☐ Change ☐ Addition
NAME	DIANO, V G	2.2 NAME	DIANO, V.G.	
STREET ADDRESS	1007 TOMPKINS DR.	2.3 STREET ADDRESS	1007 TOMPKINS DR.	
CITY-ST-ZIP	PT ORANGE FL	2.4 CITY-ST-ZIP	PT ORANGE, FL.	
TITLE	VP	3.1 TITLE	P	☐ Change ☐ Addition
NAME	FORTIN C. R.	3.2 NAME	FORTIN, C.R.	
STREET ADDRESS	1625 PALMER DR.	3.3 STREET ADDRESS	1625 PALMER DR.	
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP	ORMOND BCH. FL.	
TITLE	T	4.1 TITLE	S	☐ Change ☐ Addition
NAME	FORTIN, M. A.	4.2 NAME	FORTIN, M.A.	
STREET ADDRESS	1625 PALMER DR.	4.3 STREET ADDRESS	1625 PALMER DR.	
CITY-ST-ZIP	ORMOND BCH. FL	4.4 CITY-ST-ZIP	ORMOND BCH. FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 VIVIAN G. DIANO *Vivian G. Diano (Mrs)* April 18/95 252-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007701 CP