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 APR -5 PM 1:46

DOCUMENT # **857898** **(1)**

1. Corporation Name
FOX A-1 PLUMBING, INC.

Principal Place of Business	Mailing Address
230 N. MONTGOMERY AVE. SHEFFIELD AL 35660	230 N. MONTGOMERY AVE. SHEFFIELD AL 35660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1983
3a. Date of Last Report: 02/07/1994

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

4. FEI Number: 63-0646248 ☐ 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

BASS, MICHAEL
3761 MOSS POINT CIRCLE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: PAYTON GRIFFITH
82 Street Address (P.O. Box Number is Not Acceptable): 303 47th Ave. Dr. West, Bldg. 8, Unit 354
83
84 City: BRADENTON FL 85 Zip Code: 34207

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] PAYTON GRIFFITH 3-31-95
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEATHERS, ELLIOTT	12 NAME	
STREET ADDRESS	230 N.MONTGOMERY AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	SHEFFIELD AL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEATHERS, J. D.	22 NAME	
STREET ADDRESS	230 N.MONTGOMERY AVE. DELETE	23 STREET ADDRESS	
CITY-ST-ZIP	SHEFFIELD AL	24 CITY-ST-ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	LISA PAINTER	32 NAME	
STREET ADDRESS	230 N. MONTGOMERY AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	SHEFFIELD, AL 35660	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 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: [signature] Elliott E. Leathers Pres. 3-31-95 205-383-0553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ELLIOTT E. LEATHERS

0447A10 PN