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 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F22889** **(2)**

1. Corporation Name
TOLEDO & TOLEDO ACCOUNTING SERVICES, INC.

Principal Place of Business
% EDUARDO TOLEDO
4403 W CLIFTON STREET
TAMPA FL 33614

Mailing Address
% EDUARDO TOLEDO
4403 W CLIFTON STREET
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2077469 ☐ 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

TOLEDO, EDUARDO
4403 W CLIFTON STREET
TAMPA FL 33614

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOLEDO, EDUARDO
STREET ADDRESS	4403 W CLIFTON ST
CITY-ST-ZIP	TAMPA FL
TITLE	TD
NAME	TOLEDO, JORGE M.
STREET ADDRESS	4403 W CLIFTON ST
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	TOLEDO, ELIZABETH
STREET ADDRESS	4403 W CLIFTON ST
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/SECRETARY	☒ Change ☐ Addition
12 NAME	TOLEDO, EDUARDO	
13 STREET ADDRESS	4403 WEST CLIFTON STREET	
14 CITY-ST-ZIP	TAMPA, FLORIDA 33614	
21 TITLE	VICE-PRE./TREASURE	☒ Change ☐ Addition
22 NAME	TOLEDO, JORGE M.	
23 STREET ADDRESS	4403 WEST CLIFTON ST.	
24 CITY-ST-ZIP	TAMPA, FLORIDA 33614	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I the undersigned 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 the 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
Eduardo Toledo (President)

4/24/95 Date
813-884-5444 Daytime Phone #

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
[illegible]

APPROVED
AND
FILED
[illegible] 1:20
TALLAHASSEE, FLORIDA

DOCUMENT # **F22972** **(6)**

1. Corporate Name
SOUTHERN PIPING SERVICES, INC.

Principal Place of Business
% STANLEY B HAYSLIP
4231 NW 10TH STREET
COCONUT CREEK FL 33066

Mailing Address
% STANLEY B HAYSLIP
4231 NW 10TH STREET
COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2075214 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HAYSLIP, STANLEY B
4231 NW 10TH STREET
COCONUT CREEK FL 33066

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 ~~Carol Hayslip CAROL HAYSLIP, DVS 4-30-95~~

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	HAYSLIP, CAROL L
STREET ADDRESS	4231 NW 10TH ST
CITY-ST-ZIP	COCONUT CREEK, FL.00000
TITLE	DPT
NAME	HAYSLIP, STANLEY B
STREET ADDRESS	4231 NW 10TH ST
CITY-ST-ZIP	COCONUT CREEK, FL.00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on the 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: Carol Hayslip CAROL HAYSLIP 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305-971-2989

0118527 CP