

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:47

DOCUMENT # F48098 (0)

1. Corporation Name

DEEMARIA PLUMBING, INC.

Principal Place of Business

7400 GEORGIA AVE.
W. PALM BEACH FL 33405

Mailing Address

7400 GEORGIA AVE.
W. PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1981

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2154148

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 4601 Georgia Ave

2a. Mailing Address

26 4601 Georgia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 West Palm Beach

City & State

28 West Palm Beach

Zip

24 33405

Country

25 Palm Bch

Zip

29 33405

Country

30 Palm Bch

9. Name and Address of Current Registered Agent

DIMARIA, JOSEPH
815 24TH AVE NORTH
LAKE WORTH FL 33460

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

TITLE DP
NAME DIMARIA, JOSEPH
STREET ADDRESS 815 24TH AVE N
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE T
NAME DIMARIA, JUDITH
STREET ADDRESS 815 24TH AVE N
CITY-ST-ZIP LAKE WORTH, FL 00000

TITLE V
NAME DIMARIA, DENISE
STREET ADDRESS 815 24TH AVE NORTH
CITY-ST-ZIP LAKE WORTH FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

[Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-6-95

Date

X407-833-7643

Typed Name