

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

CORPORATION
ANNUAL REPORT

1995



4-26-95
3-4504
DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F60167**

(6)

1. Corporation Name

TOM SHELL PLUMBING, INC.

Principal Place of Business

5914 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

Mailing Address

5914 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

3. Date Incorporated or Qualified

12/11/1981

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2139131

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

8. Name and Address of Current Registered Agent

DAVIS, RICHARD
6040 WASHINGTON ST., SUITE 6
PORT RICHEY FL 34688

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 remitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, THOMAS L	1.2 NAME	
STREET ADDRESS	5653 GREENWOOD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 asterisk.

SIGNATURE: *X Thomas L. Shell* Thomas L. Shell

SIGNATURE AND TYPED OR PRINTED NAME OF BONNIE OFFICER OR DIRECTOR

X-4-21-95 (813) 847-9107

Date

Daytime Phone #