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

AND FILED

95 APR 28 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G58143** **(0)**

1. Corporation Name
DONEGAN'S PLUMBING SERVICE, INC.

Principal Place of Business	Mailing Address
2629 SW 8TH ST. BOYNTON BEACH FL 33435 US	2629 SW 8TH ST. BOYNTON BEACH FL 33435 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/02/1983**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21 14391 S.E. 80th Street
22 Suite, Apt. #, etc.
23 City & State: Morriston, Florida
24 Zip: 32668
25 Country: Levy

2a. Mailing Address
26 14391 S.E. 80th Street
27 Suite, Apt. #, etc.
28 City & State: Morriston, Florida
29 Zip: 32668
30 Country: Levy

4. FEI Number: **59-2321994** ☐ 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

DONEGAN, DANIEL
2629 SW 8 ST.
BOYNTON BCH FL 33435

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 14391 S.E. 80th Street
83
84 City: Morriston **FL** 85 Zip Code: 32668

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	P	1.1 TITLE		☒ Change ☐ Addition
NAME	DONEGAN, DANIEL	1.2 NAME		
STREET ADDRESS	2629 SW 8TH ST	1.3 STREET ADDRESS	14391 S.E. 80th Street	
CITY-ST-ZIP	BOYNTON BCH,FL 00000	1.4 CITY-ST-ZIP	Morriston, Fl. 32668	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	DONEGAN, KATHYRN	2.2 NAME		
STREET ADDRESS	2629 SW 8TH ST	2.3 STREET ADDRESS	14391 S.E. 80th Street	
CITY-ST-ZIP	BOYNTON BCH,FL 00000	2.4 CITY-ST-ZIP	Morriston, Fl. 32668	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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: Kathryn A. Donegan Kathryn A. Donegan 4/25/95 904-528-6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263479 CP