


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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 30 AM 10:33

DOCUMENT # **G63688** (7)  
1. Corporation Name  
**HILL'S QUALITY PLUMBING, INC.**

Principal Place of Business Mailing Address  
1609 RIDGEWOOD AVENUE PO BOX 801 HOLLY HILL FL 32117-1733  
1609 RIDGEWOOD AVENUE PO BOX 801 HOLLY HILL FL 32117-1733

2. Principal Place of Business 2a. Mailing Address  
21 **DELETE: P.O. Box 801** 26 **DELETE: P.O. Box 801**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE.  
3. Date Incorporated or Qualified **10/01/1983** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2354014** 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  
**SMITH, HORACE, JR.  
444 SEABREEZE BLVD.  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DJP</b>
NAME	<b>HILL, RICHARD L</b>
STREET ADDRESS	<b>1242 VINE STREET</b>
CITY-ST-ZIP	<b>DAYTONA BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>HILL, BARBARA</b>
STREET ADDRESS	<b>1242 VINE STREET</b>
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 checked, or on an attachment with an address.

SIGNATURE:  **RICHARD L. HILL, PRES.** 1/25/95 904-672-4181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date Printed)