

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H18066** (1)

1. Corporation Name

MCLEOD PLUMBING SYSTEMS, INC.



Principal Place of Business

**1101 S. ROGERS CIRCLE, #4
BOCA RATON FL 33487**

Mailing Address

**1101 S. ROGERS CIRCLE, #4
BOCA RATON FL 33487**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

**MARCHBANKS, LAWRENCE J.
4800 N FEDERAL HWY
STE 101 E
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/27/1984

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2439251

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 of officer or director, agent, or authorized representative

NOTE: Register Agent signature required for change of agent

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
MCLEOD, KENNETH W.
920 HIBISCUS LANE
DELRAY BEACH FL**

☐ DELETE

**V
HOPPLE, BRAD S
1250 KINGLET ETRRACE
WELLINGTON FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

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CITY-STATE-ZIP**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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30. TITLE NAME STREET ADDRESS CITY-STATE-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)(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, changed, or on an attachment with an address.

SIGNATURE: **x** *Kenneth W. McLeod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. McLeod, PRESIDENT

3/18/96

(407)997-9830

Date

Telephone

CR2E034 (12/95)