

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:20

DOCUMENT # H51196

(4)

1. Corporation Name

JADE PLUMBING AND PIPING, INC.

Principal Place of Business

**8721 WILES RD
APT 105
CORAL SPGS FL 33067
US**

Mailing Address

**8721 WILES RD. APT 105
8578 DYNASTY DRIVE
CORAL SPGS FL 33067
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1985

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 10645 NW 47 Court

2a. Mailing Address

26 10645 NW 47 Court

Suite, Apt. #, etc.

Coral Springs

Suite, Apt. #, etc.

Coral Springs, FL

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

Broward

Zip

33076

Country

US

4. FEI Number

59-2521758

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

**INFANTE, WILLIAM T.
8578 DYNASTY DRIVE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name

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

10645 NW 47 Court

83

84 City

Coral Springs

FL

85 Zip Code

33076

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 date of appointment

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **OP**
NAME **INFANTE, WILLIAM T.**
STREET ADDRESS **8578 DYNASTY DRIVE**
CITY - ST - ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10645 NW 47 Court**
1.4 CITY - ST - ZIP **Coral Springs, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 if changed, or on an attachment with an address

SIGNATURE:

William T. Infante

WILLIAM T. INFANTE

4-10-95

305-647-3578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)