

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H55456** (8)

95 FEB -2 PM 3: 01

1. Corporation Name

HERZER PLUMBING SERVICE, INC.

Principal Place of Business

Mailing Address

17 ROBIN ROAD
17 ROBIN ROAD
ORANGE PARK FL 32073-6401
US

HERZER'S PLUMBING SERVICE INC
P.O. BOX 422
ORANGE PARK FL 32067-0422
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/30/1985

3a. Date of Last Report
07/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2571844

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHMAN, EDWARD E.
17 ROBIN ROAD
ORANGE PARK FL 32073**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P
NAME: **BUCHMAN, EDWARD E.**
STREET ADDRESS: **17 ROBIN ROAD**
CITY- ST- ZIP: **ORANGE PARK FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE: V
NAME: **BUCHMAN, GLENN E.**
STREET ADDRESS: **3453 RED OAK CIRCLE, E.**
CITY- ST- ZIP: **ORANGE PARK FL**

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

TITLE: STC
NAME: **BUCHMAN, BRYAN**
STREET ADDRESS: **1434 ALLEN MAC CT.**
CITY- ST- ZIP: **ORANGE PARK FL**

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

TITLE: V
NAME: **BUCHMAN, BETTY J.**
STREET ADDRESS: **17 ROBIN ROAD**
CITY- ST- ZIP: **ORANGE PARK FL**

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 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 address.

SIGNATURE:

Edward E. Buchman
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

1-30-95
Date

904-264-6171
Telephone #