

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

DOCUMENT # H65210 (7)

1. Corporation Name:

STATEWIDE PLUMBING OF BOCA, INC.

Principal Place of Business:

**4600 BOCA RATON BLVD.
BOCA RATON FL 33487**

Mailing Address:

**4600 BOCA RATON BLVD.
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1985

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2550826

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

2. Principal Place of Business:

21. Suite Apt. # etc.

2a. Mailing Address:

26. Suite Apt. # etc.

22. City & State:

27. City & State:

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JARVIS, RAYMOND R.
799 DOVER STREET
BOCA RATON FL 33487**

81. Name:

82. Street Address: P.O. Box Number is Not Acceptable

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 607.01(2), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS BY 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PST
JARVIS, RAYMOND R.
799 DOVER ST
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**CD
JARVIS, RAYMOND R.
799 DOVER STREET
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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, and that my name appears in Block 12 or Block 13 if changed, or in an attachment, with my address.

SIGNATURE:

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND R. JARVIS

President

4/25/95

(407)

361-0404