

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FIL

95 JUL 31

FILED SECRETARY
TALLAHASSEE

95 JUL 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H65651 (2)

1. Corporation Name

DAWSON PLUMBING COMPANY, INC.

Principal Place of Business

5045 SESAME STREET
PALM BEACH GARDENS FL 33418
US

Mailing Address

5045 SESAME STREET
PALM BEACH GARDENS FL 33418
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2561976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSON, DANIEL F.
5045 SESAME ST.
PALM BEACH GARDENS FL 33418

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to register agent

(NOTE: Registered Agent signature required when registering)

DATE

7/20/95

12. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	DAWSON, DANIEL F.
STREET ADDRESS	4441 NORTHLAKE BLVD
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	VST
NAME	DAWSON, DANIEL F.
STREET ADDRESS	4441 NORTHLAKE BLVD
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	D
NAME	DAWSON, DANIEL F.
STREET ADDRESS	4441 NORTHLAKE BLVD
CITY - ST - ZIP	PALM BCH GDNS FL
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. TITLE	VTS	☒ Change ☐ Addition
2. NAME	DAWSON DANIEL F.	
3. STREET ADDRESS	5045 SESAME ST	
4. CITY - ST - ZIP	P36 7L 33418	
1. TITLE	VTS	☒ Change ☐ Addition
2. NAME	DAWSON DANIEL F.	
3. STREET ADDRESS	5045 SESAME ST.	
4. CITY - ST - ZIP	P36 7L 33418	
1. TITLE	D	☒ Change ☐ Addition
2. NAME	DAWSON DANIEL F.	
3. STREET ADDRESS	5045 SESAME ST.	
4. CITY - ST - ZIP	P36 7L 33418	
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
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)(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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95 (407) 622-2223

CR2E034 (3/95)