

**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)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H76294 (8)

1. Corporation Name

ALL HOMESTEAD PLUMBING, INC.

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
430 N.E. 1ST RD. HOMESTEAD FL 33030-6144
P. O. BOX 2022 HOMESTEAD FL 33030 US

3. Date Incorporated or Qualified 09/16/1985
3a. Date of Last Report Applied For 08/04/1994

2. Principal Place of Business 2a. Mailing Address

21. 129 S.W. 1 AVE 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. HOMESTEAD FL. 28. Zip 29. Country

24. 33030 25. 30

4. FEI Number 59-2580319 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

CHIAPETTA, WILLIAM F.
1599 NW 19TH ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 the 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: William F. Chiapetta William F. CHIAPETTA 7-13-95 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

12.1 TITLE: DP
12.2 NAME: CHIAPETTA, WILLIAM F.
12.3 STREET ADDRESS: 1599 N.W. 19TH STREET
12.4 CITY, ST, ZIP: HOMESTEAD FL

13.1 TITLE: Change Addition
13.2 NAME: Change Addition
13.3 STREET ADDRESS: Change Addition
13.4 CITY, ST, ZIP: Change Addition

12.1 TITLE: V
12.2 NAME: ROGERS, HENRY
12.3 STREET ADDRESS: 1601 NW 19TH ST.
12.4 CITY, ST, ZIP: HOMESTEAD FL

13.1 TITLE: Change Addition
13.2 NAME: JOHNSON, MICHAEL
13.3 STREET ADDRESS: 28905 SW 144th
13.4 CITY, ST, ZIP: HOMESTEAD, FL. 33033

12.1 TITLE: S
12.2 NAME: JOHNSON, MICHAEL
12.3 STREET ADDRESS: 42 N HOMESTEAD BLVD.
12.4 CITY, ST, ZIP: HOMESTEAD FL

13.1 TITLE: Change Addition
13.2 NAME: GLORIA CHIAPETTA
13.3 STREET ADDRESS: 1599 NW 19 STREET
13.4 CITY, ST, ZIP: HOMESTEAD, FL. 33030

12.1 TITLE: Change Addition
12.2 NAME: Change Addition
12.3 STREET ADDRESS: Change Addition
12.4 CITY, ST, ZIP: Change Addition

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13.4 CITY, ST, ZIP: Change Addition

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)(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 on an attachment with an address.

SIGNATURE: William F. Chiapetta William F. CHIAPETTA 7-13-95 305 2473245 DATE

CR2E034 (3-95)