

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

APPROVED
AND
FILED

95 APR 24 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H87167** (3)
1. Corporation Name
T. M. DENOVE PLUMBING, INC.

Principal Place of Business Mailing Address
637 WATERWAY PLACE STE 102-B LONGWOOD FL 32750 **637 WATERWAY PLACE STE 102-B LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/27/1985** 3a. Date of Last Report **01/27/1994**
4. FEI Number **59-2605110** 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**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DENOVE, THOMAS M.
716 EDGEMON AVE.
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent
81 Name **Denove, Thomas M.**
82 Street Address (P.O. Box Number is Not Acceptable) **135 W. Tradewinds Road**
83
84 City **Winter Springs** FL 85 Zip Code **32708**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DENOVE, THOMAS M. 716 EDGEMON AVE. WINTER SPRINGS FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	135 W. Tradewinds Road
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Winter Springs, Fl 32708
TITLE STD	DENOVE, SHEILA A. 716 EDGEMON AVE. WINTER SPRINGS FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	135 W. Tradewinds Road
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Winter Springs, Fl 32708
TITLE VP	FARRELL, BRIAN W. 716 EDGEMON AVE. WINTER SPRINGS FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	Delete: Farrell, Brian W
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE VP	DENOVE, CHARLES R. 901 RTA DRIVE PITTSBURGH PA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	Delete: Denove, Charles R.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **Thomas M. Denove** *[Signature]* **4/5/95** **407-331-8008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in three #)