FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 12:44

DOCUMENT # H96561 (6)

1. Corporation Name
HORIZON PLUMBING & MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
HORIZON PLUMBING & MECHANICAL CONTRACTORS 7070 NW 77TH COURT MIAMI FL 33166 US	% MAX M. HAGEN 16663 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162 new

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1986	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2630032	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	2a. Mailing Address
21 A/O NEW ADDRESS/	26 NEW ADDRESS
22 Suite, Apt. MAX M. HAGEN,	27 Suite, Apt. MAX M. HAGEN,
23 City & State 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021	28 City & State 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAGEN, MAX M. 16663 N.E. 19TH AVENUE new NORTH MIAMI BEACH FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS 83 MAX M. HAGEN, 3990 SHERIDAN ST. #104 84 City HOLLYWOOD, FL 33021 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, 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	GILLETT, F. JOSEPH	12 NAME	
STREET ADDRESS	7070 N.W. 77TH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GILLETT, F. JOSEPH	22 NAME	
STREET ADDRESS	7070 N.W. 77TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 constitute an oath or affirmation as to the truthfulness of the information contained herein. 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 above, or on an attachment with an asterisk.

SIGNATURE: F. Joseph Gillett F. Joseph Gillett 02.02.95 (305) 592-6389
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

017A100 CP