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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J03338** **(7)**

1. Corporation Name
BREAULT PLUMBING, INC.

Principal Place of Business	Mailing Address
PO BOX 9834 CORAL SPRINGS FL 33075	PO BOX 9834 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1986**	3a. Date of Last Report: **07/26/1994**
4. FEI Number: **59-2668656**	☐ 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 elected to be governed by Chapter 617, Florida Statutes: ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREAULT, TIMOTHY B. **13785 E CITRUS DR** **LOXAHATCHEE FL 33470**	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 Section 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
(If changing Registered Agent, New Registered Agent must sign) (If not changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	BREAULT, TIMOTHY B.	1 NAME	
1 STREET ADDRESS	13785 E CITRUS DR	1 STREET ADDRESS	
1 CITY ST ZIP	LOXAHATCHEE FL	1 CITY ST ZIP	
2 TITLE	SD	2 TITLE	☐ Change ☐ Addition
2 NAME	BREAULT, MARY	2 NAME	
2 STREET ADDRESS	13785 E CITRUS DR	2 STREET ADDRESS	
2 CITY ST ZIP	LOXAHATCHEE FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not apply 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 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 1 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: Mary Breault MARY BREHULT 5-1-1995 305-429-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0428102 FP