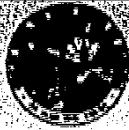


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # J42538 (5)**

1. Corporation Name  
**HOME PLUMBING, INC.**

Principal Place of Business Mailing Address  
**1499 SW 30 AVE #12 BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1986** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2740668** Applied For  Not Applicable

5. Certificate of Status Desired  **\$6.75 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 **1027 N. FLORIDA MANOR RD** 26 **1027 N. FLORIDA MANOR RD**  
Suite Apt #, etc. #1 Suite Apt #, etc. #1  
22 **#1** 27 **#1**  
City & State City & State  
23 **WEST PALM BEACH, FL** 28 **WEST PALM BEACH, FL**  
Zip Country Zip Country  
24 **33409** 25 **FLORIDA** 29 **33409** 30 **FLORIDA**

9. Name and Address of Current Registered Agent  
**FURR, ROBERT C.  
1499 WEST PALMETTO PARK ROAD  
SUITE 412  
BOCA RATON FL 33432**

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 607.0509 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

Signature of Agent for principal place of business of registered corporation

Signature of Agent for principal place of business of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>BIRDSALL, KENNETH JAMES</b>
STREET ADDRESS	<b>1499 S.W. 30TH AVE., #12</b>
CITY, ST, ZIP	<b>BOYNTON BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY, ST, ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 NAME	
25 STREET ADDRESS	
25 CITY, ST, ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 NAME	
29 STREET ADDRESS	
29 CITY, ST, ZIP	
33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 NAME	
33 STREET ADDRESS	
33 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 included 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 of this report and on the attached document with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR