

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J90672 (3)

1. Corporation Name

BOB BROOKS PLUMBING, INC.



Principal Place of Business

1810 HYPOLUXO RD
D-2
LANTANA FL 33462
US

Mailing Address

1810 HYPOLUXO RD
D-2
LANATANA FL 33462
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SHOEMAKER, ROBERT E.
1810 HYPOLUXO RD
D-2
LANTANA FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/01/1987

3a. Date of Last Report

05/12/1995

4. FEI Number

65-0196962

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
SHOEMAKER, ROBERT E.
6834 PAUL MAR DR
LANTANA FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

STD
SHOEMAKER, ROBERTA C.
6834 PAUL MAR DR
LANTANA FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. 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 118.07(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 or required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or in Block 13, change 1, or on an attachment to this filing.

SIGNATURE:

ROBERT E. SHOEMAKER

3/11/96

407-588-7473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)