FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K30063** **(7)**

1. Corporation Name

M. WILSON PLUMBING, INC.

Principal Place of Business	Mailing Address
% MICHAEL H. WILSON 3921 VICTORIA DR WEST PALM BEACH FL 33406	% MICHAEL H. WILSON 3921 VICTORIA DR WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: **08/02/1988**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 **1759 N. FLORIDA MANGO RD.**
Suite, Apt. #, etc.
22 **SUITE #8**
City & State
23 **WEST PALM BEACH, FL**
Zip / Country
24 **33409** 25 **PALM BEACH**

2a. Mailing Address
26 **1759 N. FLORIDA MANGO RD.**
Suite, Apt. #, etc.
27 **SUITE #8**
City & State
28 **WEST PALM BEACH, FL**
Zip / Country
29 **33409** 30 **PALM BEACH**

4. FEI Number: **65-0056605** ☐ 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

9. Name and Address of Current Registered Agent

WILSON, MICHAEL H.
3921 VICTORIA DR
WEST PALM BEACH FL 33406

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 607.0502 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: Michael H. Wilson V.P. DATE: 1/25/96

Signature required for printed name of registered agent (individual) above. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, DANIA		1.2 NAME		
STREET ADDRESS	3921 VICTORIA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, MICHAEL H		2.2 NAME		
STREET ADDRESS	3921 VICTORIA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: Michael H. Wilson **MICHAEL H. WILSON V.P. 1/25/96 (407)471-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)