**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

APPROVED AND FILED

95 MAY -1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69584 (6)

1. Corporation Name
**THE PLUMBERS HELPER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 726 CENTRAL AVENUE<br>KISSIMMEE FL 34741 | 726 CENTRAL AVENUE<br>KISSIMMEE FL 34741 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/01/1989**
3a. Date of Last Report: **03/22/1994**

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

4. FEI Number: **65-0130067** ☐ 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

**BOYD, LORI MIKELL**
**2645 HILLIARD CT**
**KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name: Jo O Thacker
82 Street Address (P.O. Box Number is Not Acceptable): Overstreet, Ritch + Thacker
83: 100 Church St
84 City: Kissimmee FL 85 Zip Code: 34741

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: Jo O Thacker — Jo O. Thacker — 4-12-95
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MIKELL, CHARLES L. | 1.2 NAME | |
| STREET ADDRESS | 1809 W. BROWN ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MIKELL, JACQUELYN R. | 2.2 NAME | |
| STREET ADDRESS | 1809 W. BROWN ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BOYD, LORI MIKELL | 3.2 NAME | |
| STREET ADDRESS | 722 N. CENTRAL AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | 3.4 CITY-ST-ZIP | |
| TITLE | S | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MIKELL, JOHN C | 4.2 NAME | |
| STREET ADDRESS | 722 N. CENTRAL AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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:** Lori Mikell Boyd — 4-28-95 — 407 8474849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

037471M CF