

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L08011 (3)

1. Corporation Name

COLLETTE PLUMBING, INC.

Principal Place of Business

Mailing Address

**4412 NW 3RD TER
POMPANO BEACH FL 33064-2535**

**4412 NW 3RD TER
POMPANO BEACH FL 33064-2535**

3. Date Incorporated or Qualified
08/08/1989

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33064-2535

25

29

33064-2535

30

4. FEI Number
65-0151874

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

10. Name and Address of New Registered Agent

**COLLETTE, PAUL E.
4412 NW 3RD TER
POMPANO BEACH FL 33064-2535**

81 Name

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

83

84 City

FL

85

Zip Code

-2535

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PST
COLLETTE, PAUL E.
4412 NW 3RD TER
POMPANO BEACH FL**

1.1 TITLE

**DPST
COLLETTE, PAUL E.
4412 NW 3RD TERRACE
POMPANO BEACH, FL 33064-2535**

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

**D
COLLETTE, PAUL E.
4412 NW 3RD TER
POMPANO BEACH FL**

2.1 TITLE

**OV
COLLETTE, BARBARA E.
4412 NW 3RD TERRACE
POMPANO BEACH, FL 33064-2535**

☒ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

**VD
COLLETTE, BARBARA E
4412 NW 3RD TERR
POMPANO BCH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL E. COLLETTE, PRESIDENT

X 4/27/95 305-782-4314

Date

Daytime Phone #