SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L16878 (5)

1. Corporation Name

FUTCH PLUMBING INC.

Principal Place of Business: ~~1153 POWERS AVENUE~~ HOLLY HILL FL 32117

Mailing Address: ~~1153 POWERS AVENUE~~ HOLLY HILL FL 32117

2. Principal Place of Business	2a. Mailing Address: 1218 San Jose Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Holly Hill, Fl.
City & State	City & State: 32117
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 09/19/1989	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2972381	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 applied for exemption under s. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FUTCH, ALFERD
~~1153 POWERS AVENUE~~
~~HOLLY HILL FL 32117~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1218 San Jose Blvd.
83
84 City: Holly Hill 85 FL Zip Code: 32117

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	FUTCH, ALFERD	1.2 NAME	
STREET ADDRESS	~~1153 POWERS AVE.~~	1.3 STREET ADDRESS	1218 San Jose Blvd.
CITY-ST-ZIP	~~HOLLY HILL FL~~	1.4 CITY-ST-ZIP	Holly Hill, Fl. 32117
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	FUTCH, CHARLES	2.2 NAME	
STREET ADDRESS	~~1641 CARMEN AVE.~~	2.3 STREET ADDRESS	1218 San Jose Blvd
CITY-ST-ZIP	~~HOLLY HILL FL~~	2.4 CITY-ST-ZIP	Holly Hill, Fl. 32117
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: Alfred Futch Pres. 6-30-95 904-672-3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #

CR2E034 (3/95)

0001324 CP