

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****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:55****DOCUMENT # M23929 (6)**

1. Corporation Name

RICHARD F. TAYLOR PLUMBING, INC.

Principal Place of Business

**170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

Mailing Address

**170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2604194

Applied For

Not Applicable

22**27**

City & State

City & State

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required****23****28**

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees****24****25****29****39**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TAYLOR, RICHARD F.
170 GULFVIEW DRIVE
ISLAMORADA FL 33036**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

4. CITY - ST - ZIP

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name

0117828 CP