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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jan 19 1996 8:00 am  
Secretary of State

DOCUMENT # M68865 (8)

1. Corporation Name

SYNC PLUMBING, INC.

Principal Place of Business

2573 B FORSYTH RD.  
ORLANDO FL 32807

Mailing Address

2573 B FORSYTH RD.  
ORLANDO FL 32807

2. Principal Place of Business

2a. Mailing Address

21 2573-A Forsyth Rd  
Suite, Apt. #, etc.

26 Same  
Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO FL

Zip Country  
24 32807 25 USA

Zip Country  
29 30

9. Name and Address of Current Registered Agent

BOLES, TOMMY BRUCE  
2937 NOTRE DAME AVENUE  
ORLANDO FL 32806

3. Date Incorporated or Qualified

02/16/1988

3a. Date of Last Report

05/01/1995

4. FET Number

59-2865033

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

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 *Wayne Slaymaker* Director

WAYNE SLAYMAKER

1 16 96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BOLES, TOMMY BRUCE  
STREET ADDRESS 2937 NOTRE DAME AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME SLAYMAKER, WAYNE  
STREET ADDRESS 1221 COLETTA DR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 *Wayne Slaymaker* WAYNE SLAYMAKER

Signature and typed or printed name of signing officer or director

Date

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CR2E034 (12/95)