

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069669 (8)

1. Corporation Name

MONROE PLUMBING SUPPLY, INC.

Principal Place of Business

**23095 S. DIXIE HWY.
GOULDS FL 33170**

Mailing Address

**23095 S. DIXIE HWY.
GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0438090

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROSARIO, EMILIO
23095 S. DIXIE HWY.
GOULDS FL 33170**

10. Name and Address of Now 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**D
ROSARIO, EMILIO
21471 S.W. 152ND ST.
MIAMI FL 33187**

12.5 NAME

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

**D
ROSARIO, JUDITH
21471 S.W. 152ND ST.
MIAMI FL 33187**

12.9 NAME

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 NAME

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 NAME

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 NAME

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 NAME

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

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13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 NAME

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 NAME

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 NAME

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(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 attached sheet with an address.

SIGNATURE:

Emilio Rosario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 305-258-3605
Date Printed Phone #