

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000006277 (5)**

1. Corporation Name

STANDARD PLUMBING & SUPPLIES CO., INC.

Principal Place of Business

3000 E. U.S. HWY 90
LAKE CITY FL

Mailing Address

3000 E. U.S. HWY 90
LAKE CITY FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

P.O. Box 533

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

4. FEI Number

59-3189290

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 (1)(2)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANGRUM, ANDREW DAVID
3000 E. U.S. HWY 90
LAKE CITY FL

10. Name and Address of New Registered Agent

81

Name

David E. Mangrum

82

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

Rt. 6 Box 323

83

P.O. Box 533

84

City

Lake City

FL

85 Zip Code

32056

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

David E. Mangrum

David E. Mangrum

Apr. 28, 1995

12. OFFICERS AND DIRECTORS

TITLE

President

NAME

David E. Mangrum

STREET ADDRESS

Rt. 6 Box 323

CITY - ST - ZIP

Lake City, FL 32055

TITLE

Sr. V-Pres.

NAME

Andrew D. Mangrum

STREET ADDRESS

Rt. 6 Box 323

CITY - ST - ZIP

Lake City, FL 32055

TITLE

Sr. V-Pres.

NAME

Christopher L. Mangrum

STREET ADDRESS

Rt. 6 Box 323

CITY - ST - ZIP

Lake City, FL 32055

TITLE

Sec./Treas.

NAME

MARY A. Mangrum

STREET ADDRESS

Rt. 6 Box 323

CITY - ST - ZIP

Lake City, FL 32055

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(b), 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:

David E. Mangrum

David E. Mangrum

Apr. 28, 1995

904-752-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number