

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000006778 (2)

1. Corporation Name

ALLOYD'S PLUMBING & SUPPLIES, INC.

FILED
DIVISION OF STATE
CORPORATIONS
95 FEB 16 PM 2:50

Principal Place of Business

6128 ANNO AVENUE
ORLANDO FL 32809

Mailing Address

6128 ANNO AVENUE
ORLANDO FL 32809

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

City & State

28. City & State

23

29

Zip

30

24

25

26

27

28

29

COOLEY, R E
1450 SR 434 WEST
STE. 200
LONGWOOD FL 32750

30. Country

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report

4. TIN Number
59-3228452

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number Is Not Acceptable)

B3.

B4. City

FL B5. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANZANT, BERTHA S	12. NAME	
STREET ADDRESS	6128 ANNO AVENUE	13. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32809	14. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	
TITLE		71. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		72. NAME	
STREET ADDRESS		73. STREET ADDRESS	
CITY, ST, ZIP		74. CITY, ST, ZIP	
TITLE		81. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		82. NAME	
STREET ADDRESS		83. STREET ADDRESS	
CITY, ST, ZIP		84. CITY, ST, ZIP	
TITLE		91. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		92. NAME	
STREET ADDRESS		93. STREET ADDRESS	
CITY, ST, ZIP		94. CITY, ST, ZIP	
TITLE		101. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		102. NAME	
STREET ADDRESS		103. STREET ADDRESS	
CITY, ST, ZIP		104. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with the above incorporated entity and does not qualify for the exemption stated in section 199.032, Florida Statutes. I further certify that the information indicated on the 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 officer or director of the corporation or the receiver or trustee appointed to execute the report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form. I am in full accord with an article.

SIGNATURE: *Beth A. Cooley*
MADE AND TYPED OR PRINTED NAME OR PRINTED NAME OR SIGNATURE

2/10/95 401-837-8742