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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:22

DOCUMENT # P94000007849 (0)

1. Corporation Name

L & R PLUMBING CONSULTANTS, INC.

Principal Place of Business

1209 N.W. 127 DRIVE
SUNRISE FL 33323

Mailing Address

1209 N.W. 127 DRIVE
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report

4. FEI Number
65-0470369

Applied For
Not Applicable

5. Certificate of Status Earned

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under 15, 1991 O.S.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State And # city

26. State And # city

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASLE, RICHARD
259 SE 2ND AVE.
POMPANO BEACH FL 33060

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 of agent or principal officer of corporation (agent, if applicable)

Signature of agent or principal officer of corporation (agent, if applicable)

Signature of agent or principal officer of corporation (agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE

D

NAME

HASLE, RICHARD

STREET ADDRESS

259 SE 2ND AVE.

CITY, ST, ZIP

POMPANO BEACH FL 33060

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HASLE, LISA

STREET ADDRESS

259 SE 2ND AVE.

CITY, ST, ZIP

POMPANO BEACH FL 33060

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Hasle

1/12/95 305 785 0841