

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031765 (8)

1. Corporation Name

AJ'S PLUMBING, INC.

Principal Place of Business

308 LITTLE CANAL DRIVE
SANTA ROSA BEACH FL 32549

Mailing Address

P.O. BOX 1666
SANTA ROSA BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3242771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for its obligations under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 308 LITTLE CANAL DR

2a. Mailing Address

26 PO BOX 1666

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 SANTA ROSA BEACH

City & State

28 SANTA ROSA BEACH

Zip

24 32459

Zip

29 32459

Country

30

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ANTHONY J. DUBUISSON

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

308 LITTLE CANAL DR

83

84 City

SANTA ROSA BCH

FL

85 Zip Code

32459

11. Pursuant to the provisions of Sections 607.0542 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

Anthony J. Dubuison

2-6-95

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
DUBUISSON, ANTHONY J
308 LITTLE CANAL DRIVE
SANTA ROSA BEACH FL 32549

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
~~TREASURER~~

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

8. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
SANTA ROSA BEACH, FL 32459
TREASURER
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
DUBUISSON, JOHN E
300 JUNIPER ST
SANTA ROSA BCH, FL 32459
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
SECRETARY
DUBUISSON, FRED A
1106 BAY DR.
SANTA ROSA BEACH, FL 32459
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY, ST, ZIP
☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY, ST, ZIP
☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY, ST, ZIP
☐ Change ☐ Addition

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 194.02(3)(b), Florida Statutes. I further certify that the information submitted 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 1, 2 or Block 1, 3 if changed, or on an attachment with an address.

SIGNATURE:

Anthony J. Dubuison

(Date)

2-6-95 7042311473

(Signature Number)