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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057057 (9)**

1. Corporation Name
**POMPANO PLUMBING PARTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1831 BLOUNT ROAD<br>POMPANO BEACH FL 33069 | 1831 BLOUNT ROAD<br>POMPANO BEACH FL 33069 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 65-0509297 | ☐ 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. Does corporation qualify for exemption tax under § 196.012 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOX, PEGGY
1831 BLOUNT ROAD
POMPANO BEACH FL 33069

10. Name and Address of New 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 Section 607.0502 and 607.1505 Florida Statutes, the above named corporation submits the state fee 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. OFFICER AND DIRECTORS

| | |
|---|---|
| Title | PSD |
| NAME | FOX, PEGGY |
| Street Address | 1831 BLOUNT ROAD |
| City-St-Zip | POMPANO BEACH FL 33069 |
| Title | |
| NAME | |
| Street Address | |
| City-St-Zip | |
| Title | |
| NAME | |
| Street Address | |
| City-St-Zip | |
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| NAME | |
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| 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

| | |
|---|---|
| Title | ☐ Change ☐ Addition |
| NAME | |
| Street Address | |
| City-St-Zip | |
| Title | ☐ Change ☐ Addition |
| NAME | |
| Street Address | |
| City-St-Zip | |
| Title | ☐ Change ☐ Addition |
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| Title | ☐ Change ☐ Addition |
| NAME | |
| Street Address | |
| City-St-Zip | |
| Title | ☐ Change ☐ Addition |
| NAME | |
| Street Address | |
| City-St-Zip | |

14. I hereby certify that the information supplied with this report is true, complete and accurate. I further certify that this corporation has paid all fees and penalties owed to this state for purposes of preparing and filing this report, including taxes and penalties owed under Chapter 440, Florida Statutes. I further certify 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** [signature] 4/28/95 305-974-4985

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone Number

0112334 CP