

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000059098 (1)

1. Corporation Name

AAA NATIONAL PLUMBING CORP.



Principal Place of Business

576 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698

Mailing Address

576 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698

2. Principal Place of Business

2a. Mailing Address

21 ABOVE

26 ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JONES, JAMES J  
576 BAYWOOD DRIVE NORTH  
DUNEDIN FL 34698

3. Date Incorporated or Qualified  
08/08/1994

3a. Date of Last Report  
04/06/1995

4. FEI Number  
59-3261111

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11 Name

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

13

14 City

FL

15 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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JONES, JAMES J  
STREET ADDRESS 576 BAYWOOD DRIVE NORTH  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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SIGNATURE:

JAMES J. JONES PRES.

4-22-96

813-733-1229

Date

Daytime Phone #

CR2E034 (12/95)