SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # **P94000087079 (7)**

1. Corporation Name
A PLUS PLUMBING, INC.

Principal Place of Business	Mailing Address
1746 SANDY CIRCLE CAPE CORAL FL 33904	1746 SANDY CIRCLE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report: **NOT APPLICABLE**

2. Principal Place of Business 21 4111 SW 7TH PLACE	2a. Mailing Address 26 4111 SW 7TH PLACE	4. FEI Number 65-0544181	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 CAPE CORAL, FL	City & State 28 CAPE CORAL, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33914 / 25 LEE	Zip / Country 29 33914 / 30 LEE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MAYHEW, DAVID W
1746 SANDY CIRCLE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

61 Name: THOMAS J. ANZALONE
62 Street Address (P.O. Box Number is Not Acceptable): 4111 SW 7TH PLACE
63
64 City: CAPE CORAL FL 65 Zip Code: 33914

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: ✓ Thomas J. Anzalone — ✓ 6-12-95 (DATE)
(SIGNATURE OF CURRENT OR NEW REGISTERED AGENT AS IT APPEARS ABOVE) (DATE: REGISTERED AGENT SIGNATURE REQUIRED ONLY IF CHANGING)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	D,P,V,S,T THOMAS J. ANZALONE 4111 SW 7TH PLACE CAPE CORAL, FL 33914	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change XX Addition SEE BOX 12
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 12 or Block 13 above, or on an attachment with an X in Box.

SIGNATURE: ✓ Thomas J. Anzalone — ✓ 6-12-95 (DATE) — ✓ (813) 540-782 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0104444 CF