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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000087079 (7)**

1. Corporation Name
A PLUS PLUMBING, INC.



Principal Place of Business
**4111 SW 7TH PLACE
CAPE CORAL FL 33914
US**

Mailing Address

**4111 SW 7TH PLACE
CAPE CORAL FL 33914
US**

3. Date Incorporated or Qualified **11/28/1994** 3a. Date of Last Report **06/30/1995**

2. Principal Place of Business

21 4111 S.W. 7th Pl

Suite, Apt. #, etc.

2a. Mailing Address

26 4111 S.W. 7th Place

Suite, Apt. #, etc

4. FEI Number **65-0544181**

Applied For
 Not Applicable

22 City & State

23 Cape Coral, FL

27 City & State

28 Cape Coral, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

24 33914

Country

25 Lee

29 Zip

29 33914

Country

30 Lee

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

**ANZALONE, THOMAS J
4111 SW 7TH PLACE
CAPE CORAL FL 33914**

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 typed or printed or affixed to this document

(Note: Registered Agent signature required when registering)

DATE:

12.

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

OPVT

NAME

ANZALONE, THOMAS J

STREET ADDRESS

4111 SW 7TH PLACE

CITY-ST-ZIP

CAPE CORAL FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14.1 TITLE

15.1 NAME

16.1 STREET ADDRESS

17.1 CITY-ST-ZIP

D.P.T
Anzalone, Thomas J

See Box 12

V.
JOHN R. Martorell
3310 S.W. 5th Ave
Cape Coral, FL 33914

S
James Carson JACKSON
1432 S.W. Courtyards LN Unit 101
Cape Coral, FL 33914

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Tommy Glenn Thomas J. ANZALONE/24/96

(941)540-7182
Digital Photo #

CR2E034 (12/95)