

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 # 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

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

22 City & State

23 Cape Coral, FL

24 Zip  
33914

25 Country  
Lee

27 City & State

28 Cape Coral, FL

29 Zip  
33914

30 Country  
Lee

9. Name and Address of Current Registered Agent

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

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 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 of the person who is the registered agent or the person who is the registered agent's authorized representative (date) (Signature of the registered agent is required when the registered agent is changed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPVT  
ANZALONE, THOMAS J  
4111 SW 7TH PLACE  
CAPE CORAL FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
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CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
D.P.T.  
Anzalone, Thomas J  
See Box 12 ☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
V.  
John R. Martorell  
3310 S.W. 5th Ave  
Cape Coral, FL 33914 ☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
S  
James Carson Jackson  
1432 S.W. Courtyards LN Unit 101  
Cape Coral, FL 33914 ☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 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:

Thomas J. Anzalone 4/24/96 (941) 540-7182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)