

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 # P95000024443 (0)

1. Corporation Name

TALLAHASSEE PLUMBING SPECIALISTS, INC.



Principal Place of Business

909 EAST PARK AVE.
TALLAHASSEE FL 32301

Mailing Address

909 EAST PARK AVE.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
03/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

P.O. Box 15824

4. FEI Number

59-3304188

Applied For

Not Applicable

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

Zip

Country

28

Tallahassee, FL

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

24

25

29

32317

30

FLON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THERIAQUE, DAVID A ESO
909 EAST PARK AVE.
TALLAHASSEE FL 32301

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 name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when applicable)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MONIZ, DANIEL J
6244 HINES HILL CIRCLE
TALLAHASSEE FL 32312

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
HEEG, JOSEPH M
6428 CAVALCADE TRAIL
TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J MONIZ PRESIDENT

4/29/96

668-4581

CR2E034 (12/95)