

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 # P95000043075 (7)

1. Corporation Name

MARCHETTI PLUMBING, INC.



Principal Place of Business

629 SW 1ST COURT
HALLANDALE FL 33009

Mailing Address

629 SW 1ST COURT
HALLANDALE FL 33009

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3940 Bennett Lane

26 3940 Bennett Lane

4. FEI Number

65 0586181

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 Bonita Springs, FL

27 City & State

28 Bonita Springs, FL

24 Zip

24 33923

Country

25 Lee

29 Zip

29 33923

Country

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCHETTI, JULIA R
629 SW 1ST COURT
HALLANDALE FL 33009

81 Name

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

83 3940 Bennett Lane

84 City

84 Bonita Springs, FL

85 Zip Code

85 33923

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 D ☐ DELETE

NAME MARCHETTI, MICHAEL J
STREET ADDRESS 629 SW 1ST COURT
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE

NAME MARCHETTI, JULIA R
STREET ADDRESS 629 SW 1ST COURT
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3940 Bennett Lane
1.4 CITY-ST-ZIP Bonita Springs, FL 33923

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3940 Bennett Lane
2.4 CITY-ST-ZIP Bonita Springs, FL 33923

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(941) 498-5082

Date

Daytime Phone #

CR2E034 (12/95)