

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078173 (8)

1. Corporation Name

DESTIN WHOLESALE PLUMBING SUPPLY, INC.

Principal Place of Business

Mailing Address

910 AIRPORT ROAD, INDUSTRIAL PARK
DESTIN FL 32541

910 AIRPORT ROAD, INDUSTRIAL PARK
DESTIN FL 32541



2. Principal Place of Business

2a. Mailing Address

21 Industrial Park Lane # F1

26 Industrial Park Lane # F1

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report

4. FEI Number

59-3344124

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. 199.03?
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Destin, FLORIDA

28 DESTIN, FLORIDA

Zip

Country

Zip

Country

24 32541

25 OKALOOSA

29 32541

30 OKALOOSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION
417 E. VIRGINIA ST., SUITE 1
TALLAHASSEE FL 32301

81 Name

James D. Eisman

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

14721 Daybreak Dr

83

84 City

LUTZ

FL

85 Zip Code

33549

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's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOGAN, FRANK T
5333 TAYLOR ROAD
LUTZ FL 33549

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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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. 11 TITLE
NAME
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PRESIDENT (P) ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
T
JAMES D. EISEMAN
14721 Daybreak Dr
LUTZ, FL 33549 ☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
S
ELIZABETH HOGAN
5333 Taylor Rd
LUTZ, FL 33549 ☐ Change ☒ Addition

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

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
DELETE ☐ 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 617, 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

6-25-96

904-650-0817

CR2E034 (3/96)