

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 # S02975 (8)

1. Corporation Name

WOLFE PLUMBING, INC.



Principal Place of Business

666 NW 42ND ST  
OAKLAND PARK FL 33309

Mailing Address

666 NW 42ND ST  
OAKLAND PARK FL 33309

3. Date Incorporated or Qualified  
09/14/1990

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, SCOTT  
666 NW 42ND ST  
OAKLAND PARK FL 33309

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME: WOLFE, SCOTT  
STREET ADDRESS: 666 NW 42ND ST  
CITY-ST-ZIP: OAKLAND PARK FL

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: WOLFE, MIKE  
STREET ADDRESS: 666 NW 42ND STREET  
CITY-ST-ZIP: OAKLAND PARK FL

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME: WOLFE, VIRGINIA  
STREET ADDRESS: 666 NW 42ND STREET  
CITY-ST-ZIP: OAKLAND PARK FL 33309

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I (s) 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:

SCOTT WOLFE

3-11-96 954-566-4657

Date

Daytime Phone #

CR2E034 (12/95)