FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S12672 (9)

1. Corporation Name
TENDER PLUMBING CARE, INC.

Principal Place of Business	Mailing Address
868 E. 2ND PLACE LONGWOOD FL 32750	PO BOX 150097 ALTAMONTE SPRINGS FL 32715-0097

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/13/1990	03/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-3036746	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEXTON, BETTY 868 E 2ND PLACE LONGWOOD FL	81 Name DAVID SEXTON 82 Street Address (P.O. Box Number is Not Acceptable) 868 E. 2nd Place 83 Longwood, Florida 84 City Longwood, 85 FL Zip Code 32750

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: David Sexton — April 6, 1995
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		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	SEXTON, BETTY	1.2 NAME	SEXTON, DAVID	
STREET ADDRESS	868 E 2ND PLACE	1.3 STREET ADDRESS	868 E. 2nd Place	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	VD	2.1 TITLE	S	☐ Change XX Addition
NAME	SEXTON, DAVID	2.2 NAME	CORP, PAUL	
STREET ADDRESS	868 E. 2ND PLACE	2.3 STREET ADDRESS	914 E. 2nd Place	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	SD	3.1 TITLE	VTD	XX Change ☐ Addition
NAME	SEXTON, DAVID	3.2 NAME	SEXTON, BETTY	
STREET ADDRESS	868 E. 2ND PLACE	3.3 STREET ADDRESS	868 E. 2nd Place	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	SEXTON, BETTY	4.2 NAME		
STREET ADDRESS	868 E. 2ND PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 addition.

SIGNATURE: DAVID SEXTON April 6, 1995 407-339-7583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04137/76 PP