

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S12672 (9)

1. Corporation Name

TENDER PLUMBING CARE, INC.



Principal Place of Business

868 E. 2ND PLACE
LONGWOOD FL 32750

Mailing Address

PO BOX 150097
ALTAMONTE SPRINGS FL 32715-0097

3. Date Incorporated or Qualified
11/13/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3036746

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, DAVID
868 E 2ND PLACE
LONGWOOD FL 32750

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

David Sexton / President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SEXTON, DAVID
STREET ADDRESS 868 E 2ND PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE VD ☒ DELETE

NAME SEXTON, DAVID
STREET ADDRESS 868 E. 2ND PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE VTD ☐ DELETE

NAME SEXTON, BETTY
STREET ADDRESS 868 E. 2ND PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE TD ☒ DELETE

NAME SEXTON, BETTY
STREET ADDRESS 868 E. 2ND PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE

NAME CORP, PAUL
STREET ADDRESS 914 E. 2ND PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Betty Sexton / President / Pres.

Date

Daytime Phone #

407
339-7583

CR2E034 (12/95)