

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S17409

(1)

1. Corporation Name

STONE'S PLUMBING, INC.

Principal Place of Business

Mailing Address

9 KILLARNEY COVE DRIVE
POST OFFICE BOX 202
KILLARNEY FL 34740

9 KILLARNEY COVE DRIVE
POST OFFICE BOX 202
KILLARNEY FL 34740

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1990

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3039986

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

20

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASHBURN, ERIC S.
102 EAST MAPLE STREET
WINTER GARDEN FL 34787

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

STONE, CHARLES S.

STREET ADDRESS

9 KILLARNEY COVE DRIVE

CITY - ST - ZIP

KILLARNEY FL

TITLE

VST

NAME

STONE, ARDELLA L

STREET ADDRESS

9 KILLARNEY COVE DR

CITY - ST - ZIP

KILLARNEY FL

TITLE

DVP

NAME

STONE, TROY D

STREET ADDRESS

9 KILLARNEY COVE DR

CITY - ST - ZIP

KILLARNEY FL

TITLE

DVP

NAME

STONE, TRENTON D

STREET ADDRESS

7 KILLARNEY COVE DR

CITY - ST - ZIP

KILLARNEY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

CHARLES S. STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95

107-656-0060