

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -1 PM 12:00

DOCUMENT # S25054 (5)

1. Corporation Name
HENRY PLUMBING, INC.

Principal Place of Business Mailing Address
**23380 JANICE AVE 23380 JANICE AVE
UNIT 317 CHARLOTTE HARBOR FL 33980
US CHARLOTTE HARBOR FL 33980
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1991** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0242788** 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 **18350 PAULSON AVE** 26 **P.O. BOX 381235**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **B2** 27
City & State City & State
23 **Murdock FL.** 28 **Murdock FL**
Zip Country Zip Country
24 **33954** 25 **US** 29 **33938** 30 **US**

9. Name and Address of Current Registered Agent
**PAYNE & KOCH P.A.
1680 EL JOBEAN ROAD
SUITE 1
MURDOCK FL 33938**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	president + <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CHARLES D.	1.2 NAME	HENRY, Charles D.
STREET ADDRESS	3100 CITRUS AVENUE	1.3 STREET ADDRESS	5004 BONNET AVE
CITY-ST-ZIP	HARBOR HEIGHTS FL	1.4 CITY-ST-ZIP	North Port FL 34287
TITLE	D	2.1 TITLE	vice president + <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, LANCE H.	2.2 NAME	HENRY, Lance H
STREET ADDRESS	3100 CITRUS AVENUE	2.3 STREET ADDRESS	5004 BONNET AVE
CITY-ST-ZIP	HARBOR HEIGHTS FL	2.4 CITY-ST-ZIP	North Port FL 34287
TITLE	D	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, Michael D.	3.2 NAME	SECRETARY
STREET ADDRESS	Citrus Ave.	3.3 STREET ADDRESS	SECRETARY
CITY-ST-ZIP	Harbour Hts FL 33983	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michael D. HENRY
STREET ADDRESS		4.3 STREET ADDRESS	Citrus Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Harbour Hts FL 33983
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, changed, or on an attachment with an address.

SIGNATURE: Charles D. Henry 5/15/95 813-743-5066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number