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AND
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95 MAR -3 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S73743

(4)

1. Corporation Name

MARLIN PLUMBING OF MIAMI, INC.

Principal Place of Business

Mailing Address

**14310 N.E. 5TH PLACE
UNIT 3
MIAMI FL 33161**

**14310 N.E. 5TH PLACE
UNIT 3
MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1991

3a. Date of Last Report

03/21/1994

4. FEI Number

65-0285669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

20145 NE 16th Place

2a. Mailing Address

20145 NE 16th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

N. Miami Beach FL

Zip

33179

Country

Dade

Zip

33179

Country

Dade

9. Name and Address of Current Registered Agent

**WALKER, EDWARD J
14310 N.E. 5TH PLACE
UNIT 3
MIAMI FL 33161**

10. Name and Address of New Registered Agent

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, Type or printed name of registered agent and title of signatory)

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, EDWARD J
STREET ADDRESS	14310 N.E. 5TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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:

EDWARD J. WALKER

Edward J. Walker

2-27-95

305-652-3031

SIGNATURE AND TYPED OR PRINTED NAME OF BILLING OFFICER OR UNDERSTANDING

Unit

(Signature) (Phone #)