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 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12848** **(0)**

1. Corporation Name
TOWER PLUMBING SERVICES, INC.

Principal Place of Business
675 S.E. 8TH PLACE
HIALEAH FL 33010

Mailing Address
675 S.E. 8TH PLACE
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/10/1992**
3a. Date of Last Report: **08/02/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **65-0313488** ☐ Applied For ☐ Not Applicable
22 Suite, Apt. # (if)
27 Suite, Apt. # (if)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contributions ☐ **$5.00** May Be Added to Fees
24 Zip
25 County
29 Zip
30 County
8. The corporation is actually for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEON, JOEL
1080 S.E. 9TH AVE.
HIALEAH FL 33010

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 Section 607.0505, 607.1008, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes are 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS
Title	PD	☐ Change ☐ Addition
Name	LEON, JOEL	
Street Address	874 SE 10TH STREET	
City-St-Zip	HIALEAH FL	
Title	STD	☐ Change ☐ Addition
Name	LEON, MANUEL	
Street Address	675 S.E. 8TH PLACE	
City-St-Zip	HIALEAH FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I hereby certify that the information supplied with this report is true and accurate as required by the appropriate Florida Statutes. I further certify that the information indicated on this report or supplemental 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 I am aware of those statutes, including the fees, applicable hereto.

SIGNATURE: Joel Leon 4-28-95 (305) 887-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joel Leon - PRESID

0076012 CP