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 AM 10:01

DOCUMENT # **V23878** **(4)**

1. Corporation Name
HERB R. LUNDY, INC.

Principal Place of Business	Mailing Address
1356 PELICAN CT HOMESTEAD FL 33035	1356 PELICAN CT HOMESTEAD FL 33035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21: 6713 32 Ave W	26: 6713 32 Ave W
22: Suite, Apt. #, etc	27: Suite, Apt. #, etc
23: Bradenton FL.	28: Bradenton FL
24: Zip 34209	29: Zip 34209
25: Country USA.	30: Country USA.

4. FEI Number: 65-0318456 ☐ 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

6. 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
LUNDY, HERB R. 1356 PELICAN CT HOMESTEAD FL 33035	81 Name: Lundy Herb R 82 Street Address (P.O. Box Number is Not Acceptable): 6713 32 Ave W. 83: 84 City: Bradenton FL 85 Zip Code: 34209

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: Herb R Lundy (Signature of the registered agent and the address) DATE: 5/31/95 (Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	DPS ☐ Change ☐ Addition
NAME	LUNDY, HERB R.	12 NAME	Lundy Herb R
STREET ADDRESS	1356 PELICAN CT	13 STREET ADDRESS	6713 32 Ave W
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	Bradenton FL 34209
TITLE	T	21 TITLE	T ☐ Change ☐ Addition
NAME	LUNDY, HERB R.	22 NAME	Lundy Herb R
STREET ADDRESS	1356 PELICAN CT	23 STREET ADDRESS	6713 32 Ave W
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP	Bradenton FL 34209
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Herb R Lundy 5/31/95 813-720-6789
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0117491 CP

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CORPORATION ANNUAL REPORT **1995**

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Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **V23885** **(9)**

1. Corporation Name

COMPLETE PLUMBING OF BOCA INC.

Principal Place of Business	Mailing Address
1200 CLINT MOORE RD. #10 BOCA RATON FL 33487	1200 CLINT MOORE RD. #10 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1992**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0388863** ☐ 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

POLTROCK, CARY A.
1200 CLINT MOORE RD. #10
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Bryan Poltrock
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Clint Moore Rd. #10
83:
84 City: Boca Raton FL 85 Zip Code: 33487

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] V.P. 5/31/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	POLTROCK., CARY A.	12 NAME	
STREET ADDRESS	6711 NW 24 CT.	13 STREET ADDRESS	
CITY ST ZIP	MARGATE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	POLTROCK. BRYON L.	22 NAME	
STREET ADDRESS	3265 SW 2 CT.	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	OSBORN, MICHAEL P.	32 NAME	
STREET ADDRESS	9401 AEGEAN DR.	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: [signature] 5/31/95 Vol 9943243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP