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 APR 21 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V32658 (9)

1. Corporation Name

TRUE VALUE PLUMBING, INC.

Principal Place of Business	Mailing Address
6537 SOUTHERN BLVD W PALM BEACH FL 33415	2871 HYPOLUXO RD LANTANA FL 33462

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 05/19/1994
4. FEI Number: 65-0333416 ☐ 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 1240 W. Industrial Way	26
Suite, Apt. #, etc. 22 Bay 5	Suite, Apt. #, etc. 27
City & State 23 Boynton Beach, FL	City & State 28
Zip 24 33426 / Country 25 USA	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEELMAN, WILLIAM P.
2871 HUPOLUXO RD
LANTANA FL 33462

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, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	STEELMAN, WILLIAM P.	1.2 NAME	
STREET ADDRESS	2871 HYPOLUXO RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PERRY-STEELMAN, LYNN	2.2 NAME	
STREET ADDRESS	2871 HYPOLUXO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	O	3.1 TITLE	☐ Change ☐ Addition
NAME	PAFFRATH, MARK D.	3.2 NAME	
STREET ADDRESS	6537 SOUTHERN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	~~O~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~VERSOUTEREN, PETER J.~~	4.2 NAME	
STREET ADDRESS	~~6537 SOUTHERN BLVD~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~W PALM BEACH FL~~	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Lynn Perry Steelman Lynn Perry-Steelman 4/14/95 (407) 434-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #