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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V40461** **(8)**

1. Corporation Name
AL HILL PLUMBING CORPORATION

Principal Place of Business	Mailing Address
PO BOX 470130 MIAMI FL 33247	PO BOX 470130 MIAMI FL 33247-0130

3. Date Incorporated or Qualified: 06/02/1992
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 65-0339665 ☐ 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

~~LINTON-DAVIS, BEVERLY A. P.A.~~ JACQUELINE COLEMAN
~~10081 PINES BLVD. SUITE 234~~ 673 NW 118TH ST
~~PEMBROKE PINES FL 33024~~ MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name: JACQUELINE COLEMAN (JACQUELINE)
82 Street Address (P.O. Box Number is Not Acceptable): 673 NW 118TH STREET
83
84 City: MIAMI FL 85 Zip Code: 33168

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: Jacqueline Coleman DATE: May 16, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, TAMMY Y.		1.2 NAME	
STREET ADDRESS	1970 NW 175TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, TAMMY Y.		2.2 NAME	
STREET ADDRESS	1970 NW 175TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HILL, ALBERT		3.2 NAME	
STREET ADDRESS	1970 NW 175TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: A. Hill SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (305) 687-9963
Date Daytime Phone #

0256426