

## COMPANIES HOUSE



THE REGISTRAR OF COMPANIES COMPANIES HOUSE CROWN WAY

CARDIFF CF4 3UZ



This form should be completed in black.

The information printed below is taken from Companies House records as at 13/08/96 If this information requires amendment use the spaces opposite.

Date of this return (See note 1)

The information in this return should be made up to a date not later than

| Day  | Month | Year |  |  |
|------|-------|------|--|--|
| 0  2 | 019   | 916  |  |  |

Date of next return (See note 2)

If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Registered Office (See note 3)

This is the address registered by Companies House.

238 RAKE LANE
WALLASEY
WIRRAL
MERSEYSIDE L45 1JR

Principal business activities (See note 4)

Trade classification is 4533 PLUMBING

Plumbing Marchants

If the code cannot be determined from the notes, give a brief description of principal activity.

of company number 02964248

X

company name

A & J HOWELLS PLUMBING MERCHANTS LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

|   | Day | Month | Year |
|---|-----|-------|------|
|   |     |       |      |
| L |     |       |      |

Month

Year

Day

| <br> |                |   |  |
|------|----------------|---|--|
|      |                |   |  |
|      |                |   |  |
|      |                |   |  |
|      | <del>-  </del> | 1 |  |

| 02964248 Register of members (See note 5)                          | If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change. |  |  |  |  |
|--|---|--|--|--|--|
| The register is kept at  |   |  |  |  |  |
| REGISTERED OFFICE  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Managara of data and announce to the form                          |   |  |  |  |  |
| Register of debenture holders (See note 6)                         |   |  |  |  |  |
| Any register of debenture holders (or duplicate) is kept at        | , , , , , , , , , , , , , , , , , , ,   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Company Secretary (See note 7)                                     |   |  |  |  |  |
| Particulars of a new secretary must be notified on                 | Day Month Year  |  |  |  |  |
| form 288.  | Date of any change.   |  |  |  |  |
| ALAN   |   |  |  |  |  |
| HOWELLS  |   |  |  |  |  |
| GOTHIC LODGE   | •   |  |  |  |  |
| 2A PARK ROAD SOUTH<br>BIRKENHEAD                                   |   |  |  |  |  |
| MERSEYSIDE L43 4UX   |   |  |  |  |  |
|  | •••••   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  | Day Month Year  |  |  |  |  |
| If this person has ceased to be secretary, please                  |   |  |  |  |  |
| state when.  | Date of resignation.  |  |  |  |  |
| Directors (See note 7)   | Day Month Year  |  |  |  |  |
| Particulars of a new director <b>must</b> be notified on form 288. | Date of any change.   |  |  |  |  |
| ALAN   |   |  |  |  |  |
| HOWELLS  | ***************************************   |  |  |  |  |
| GOTHIC LODGE 2A PARK ROAD SOUTH                                    |   |  |  |  |  |
| BIRKENHEAD   |   |  |  |  |  |
| MERSEYSIDE L43 4UX   |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Date of Birth:- 31/01/51   | ••••••  |  |  |  |  |
| Nat:BRITISH<br>Occ:DIR SEC   |   |  |  |  |  |
|  | Day Month Year  |  |  |  |  |
| If this person has ceased to be director, please state when.       | Date of resignation.  |  |  |  |  |
| Show any relevant current and previous directorships.              | •••••   |  |  |  |  |
| Daga 2   |   |  |  |  |  |

| . 02964248   | If the information shown needs amendment, give details below and the date of any change. |  |  |  |  |
|--|--|--|--|--|--|
| Directors - continued  | -  |  |  |  |  |
| Particulars.   | Day Month Year  Date of any change.  |  |  |  |  |
| JOAN   | Date of any change.  |  |  |  |  |
| HOWELLS  |  |  |  |  |  |
| GOTHIC LODGE 2A PARK ROAD SOUTH  | ***************************************  |  |  |  |  |
| BIRKENHEAD   |  |  |  |  |  |
| MERSEYSIDE L43 4UX   | ***************************************  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Date of Birth:- 18/05/32   | 1.7  |  |  |  |  |
| Nat:BRITISH Occ:COMPANY DIRECTOR   |  |  |  |  |  |
|  | Day Month Year   |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Date of resignation.   |  |  |  |  |
| State Wileit.  |  |  |  |  |  |
| Show any relevant current and previous directorships.                                  |  |  |  |  |  |
|  |  |  |  |  |  |
| Dankiardana  | Day Month Year   |  |  |  |  |
| Particulars.   | Date of any change.  |  |  |  |  |
|  |  |  |  |  |  |
| VO VODE DEPOSITOR  | ***************************************  |  |  |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |  |  |  |  |  |
| on singular not be notified on rotal book.   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| · ·  |  |  |  |  |  |
|  |  |  |  |  |  |
| •  | *  |  |  |  |  |
|  | Day Month Year   |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Day Month Fear Date of resignation.  |  |  |  |  |
| State Wilen.   | I and a second   |  |  |  |  |
| Show any relevant current and previous directorships.                                  |  |  |  |  |  |
|  |  |  |  |  |  |
| Particulare  | Day Month Year   |  |  |  |  |
| Particulars.   | Date of any change.  |  |  |  |  |
|  |  |  |  |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES   |  |  |  |  |  |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| If this person has reased to be director. Places                                       | Day Month Year   |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Date of resignation.   |  |  |  |  |
|  |  |  |  |  |  |
| Show any relevant current and previous directorships.                                  |  |  |  |  |  |
| Page 3   | ***************************************  |  |  |  |  |

| 02964248<br>Issued Share Capital (See note 8)   | Class<br>(eg Ordinary/  | Number of shares issued | Aggregate nominal value  |  |  |  |
|---|---|-------------------------|--|--|--|--|
| Enter details of all shares in issue at the date of this return.  | Preference etc)   |                         | (ie Number of shares issued multiplied by nominal value per share) |  |  |  |
|   | CRDINARY  | 100                     | <u>+100</u>  |  |  |  |
|   |   |                         |  |  |  |  |
|   | Totals  | 100                     | <u>+100</u>  |  |  |  |
| List of past and present members (See note 9)   |   |                         |  |  |  |  |
| (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns.        | full list is required if one was not included with appropri                     |                         |  |  |  |  |
| The last full members list was at 02/09/95  | A list of changes is enclosed  A full list of members is enclosed               |                         |  |  |  |  |
|   | A full fist of fi   | lembers is enclos       | ed L   |  |  |  |
| Elective resolutions (See note 10) (Private companies only)   |   |                         |  |  |  |  |
| If an elective resolution is in force at the date of<br>this return to dispense with annual general<br>meetings, mark this box.       |   |                         |  |  |  |  |
| If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box. |   |                         |  |  |  |  |
| Certificate   | Signed  |                         | > Secretary/Director *   |  |  |  |
| I certify that the information given in this return is true to the best of my knowledge and belief.                                   | Date 20/8   | \<br>1/95               | *(delete as appropriate)   |  |  |  |
| I enclose the fee of £18.   | This return in  | cludes                  | continuation sheets.   |  |  |  |
| Cheques should be made payable to Companies House.  | (enter number) Please ensure that you have completed all sections on this page. |                         |  |  |  |  |
|   | .A.+J. H  | lowells.                |  |  |  |  |
| To whom should Companies House direct any   | 238 RAKE LANE   |                         |  |  |  |  |
| enquiries about the information shown in this return?>  | WALLASEY,   |                         |  |  |  |  |
|   | WIRRAL Postcode LY5 IJR   |                         |  |  |  |  |
|   | Telephone _ C   | 2151-639-471            | 8 Ext  |  |  |  |

## LIST OF PAST AND PRESENT MEMBERS

## **SCHEDULE TO FORM 363**

| Composity Numbers 00004040              |                           | Account of Shares  |                                       |                       |  |  |
|---|---------------------------|--|---------------------------------------|-----------------------|--|--|
| Company Number: 02964248  Company Name: |                           | Particulars of shares trans-<br>ferred since the date of the<br>last return, or, in the case<br>of the first return, since the<br>incorporation of the |                                       |                       |  |  |
| A & J HOWELLS PLUMBING MERCHANTS        |                           |  |                                       |                       |  |  |
| LIMITED                                 | by existing<br>members at | company, by (a) persons who are still  |                                       |                       |  |  |
|   | date of this<br>return.   | (b) persons  | -                                     |                       |  |  |
|   | Number                    | Number   | Date of                               |                       |  |  |
| Name and address                        | currently<br>held         | Transferred  | Registration of Transfer              | Remarks               |  |  |
| Kevin Brewer                            |                           |  | · · · · · · · · · · · · · · · · · · · |                       |  |  |
| Somerset House                          |                           |  |                                       |                       |  |  |
| Temple Street                           |                           |  |                                       | TER TO                |  |  |
| Birmingham B2-50N                       |                           | 1  | 5-9-94                                | MR A. HOWERS          |  |  |
| Mr. Alan Howells                        |                           |  |                                       |                       |  |  |
| Gothic Lodge                            | ĺ                         | }  | 5-9-94                                | TFR FROM<br>K. BREWER |  |  |
| 2A Park Road South                      | 75                        | )  | 5-9-94                                | Allotted              |  |  |
| Birkenhead,                             |                           |  |                                       |                       |  |  |
| Merseyside 143-4UX                      |                           |  |                                       |                       |  |  |
|   |                           |  |                                       |                       |  |  |
| Joan Howells                            |                           |  |                                       |                       |  |  |
| Gothic lodge                            |                           |  | <del></del>                           |                       |  |  |
| 2A Park Road South Birrenhead,          |                           |  |                                       |                       |  |  |
| Messeyside 43-40x                       | 19                        |  | 5-9-96                                | Allotted              |  |  |
|   |                           |  |                                       | 700000                |  |  |
| Miss Emma Howells                       |                           |  |                                       |                       |  |  |
| Gothic ladge                            |                           |  |                                       |                       |  |  |
| 2A Park Road South                      |                           |  |                                       |                       |  |  |
| Birkenhand,                             |                           |  | <i>f</i> .                            |                       |  |  |
| Merseyside 143-4UX.                     | 5                         |  | 5/9/94                                | Albited               |  |  |
|   |                           |  | -                                     |                       |  |  |
|   |                           |  |                                       |                       |  |  |

LIST OF PAST AND PRESENT MEMBERS (continued) SCHEDULE TO FORM 363

| Company Number 20064040          | Account of Shares  |                                       |                                   |         |
|----------------------------------|--|---------------------------------------|-----------------------------------|---------|
| Company Number: 02964248         |  | Particulars of                        | • • •                             |         |
| Company Name:                    | pany Name:  Number of ferred since the date of shares or last return, or, in the continuous shares or last return. |                                       |                                   |         |
|                                  | shares or  |                                       | r, in the case<br>eturn,since the |         |
| A & J HOWELLS PLUMBING MERCHANTS | amount of stock held   | incorporation                         |                                   |         |
| LIMITED                          | by existing  | company, by                           | V1 1110                           |         |
| <b></b>                          | members at   |                                       | who are still                     |         |
|                                  | date of this   |                                       |                                   |         |
|                                  | return.  | (b) persons                           |                                   |         |
|                                  |  |                                       | o be members.                     |         |
| 4                                | Number   |                                       | D                                 |         |
|                                  | i i  | Number                                | Date of                           |         |
| Name and address                 | currently  |                                       | Registration                      | Remarks |
|                                  | held   | Transferred                           | of Transfer                       | İ       |
|                                  |  | · · · · · · · · · · · · · · · · · · · |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       | i                                 |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       | 1                                 |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  | <del></del>                           |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
| Į.                               |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       | <u> </u>                          |         |
|                                  |  |                                       |                                   |         |
|                                  |  | [ .                                   |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  | "                                     | - 1                               |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       |                                   |         |
|                                  |  |                                       | ł                                 |         |
|                                  |  |                                       | <del> </del>                      |         |