FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085640 (9)

NEALE PLUMBING SERVICES, INC.

Principal Place of Business	Mailing Address	
931 VILLAGE BLVD SUITE 905-404 WEST PALM BEACH FL 33409	931 VILLAGE BLVD SUITE 905-404 WEST PALM BEACH FL 33409	
Principal Place of Business	2a. Mailing Address	

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1993 4. FEI Number 65-0456278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. ☐ No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LURIE, SUZANNE G 931 VILLAGE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 905-404 WEST PALM BEACH FL 33409 83 84 City 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 K applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change LURIE, SUZANNE G NAME 1.2 NAME 931 VILLAGE BLVD SUITE 905-404 7-12 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE __ Change Addition TITLE 2.1 TITLE NEALE, WILLIAM 2.2 NAME NAME 931 VILLAGE BLVD #905-404 STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ___ Change DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with this filling close 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 as true 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 species 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED

1124148

(561)476-6700