

Amended
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 # P93 000085640 1. Corporation Name Neale Plumbing Services, Inc.	

Principal Place of Business: 3517 Cleveland ST Hollywood, FL 33021	Mailing Address: Same
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2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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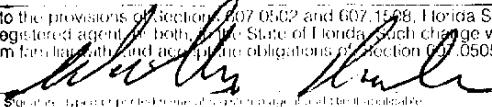
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12-15-93	Applied For Not Applicable
4. FEI Number 65-0456278	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent Suzanne Lurie 5040 H Society PLE WPB FL 33415
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10. Name and Address of New Registered Agent 81 Name William Neale 82 Street Address (P.O. Box Number is Not Acceptable) 3517 Cleveland ST 83 84 City Hollywood FL 85 Zip Code 33021

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, 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:  DATE: 9-4-98

12. OFFICERS AND DIRECTORS	
1. NAME William Neale STREET ADDRESS 3517 Cleveland ST CITY, ST, ZIP Hollywood, FL 33021	☐ DELETE
2. NAME Suzanne Lurie STREET ADDRESS 5040 H Society PLE CITY, ST, ZIP WPB FL 33415	☒ DELETE
3. NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE
4. NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE
5. NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I 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 this 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:  DATE: 9-4-98

CR2E034 (10/97)