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

FILED
98 SEP -8 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085640

1. Corporation Name
Neale Plumbing Services, INC.

Principal Place of Business: 3517 Cleveland ST, Hollywood, FL 33021

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 12-15-93

4. FEI Number: 65-0456278 ☐ 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 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 PL E
WPB FL 33415

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, 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] 9-4-98
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/P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	William Neale		1.2 NAME	400002635434
STREET ADDRESS	3517 Cleveland ST		1.3 STREET ADDRESS	-09/09/98--01061--007
CITY-ST-ZIP	Hollywood, FL 33021		1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D/S/V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Suzanne Lurie		2.2 NAME	
STREET ADDRESS	5040 H Society PL E		2.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33415		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	GV 9-8-98
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 (10/97)

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 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: [signature] 9-4-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #