FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morth‡m ANNUAL REPORT Secretary of State Secretary of Stat DIVISION OF CORPOR TIONS 1998 DOCUMENT # (6) S08426 DARRON REPAIRS AND MAINTENANCE, INC. Principal Place of Business Mailing Address 7100 ULMERTON RD 7100 ULMERTON RD STE 2031 DO NOT WRITE IN THIS SPACE LARGO FL 34641-7602 LARGO FL 34841-7602 3. Date Incorporated or Qualified 10/22/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2958896 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWIHART, RONALD 3304 BLUESTONE AVE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34609 83 Zip Code 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of S office or registered agent, or agent. I am familiar with, and a ctions 607 0502 an oth, ip the State of is of, Sec ONAld SIGNATUR egistered Agent signature required when reinstating) OFFICERS AND DIRECTOR 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE D 1.1 TITLE SWIHART, RONALD NAME 1.2 NAME 7211 ULMERTON RD. E. STREET ADDRESS 1.3 STREET ADDRESS Largo Fl 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TIT) F SWIHART, DARLENE 2.2 NAME NAME 7211 ULMERTON RD. E. STREET ADDRESS 2.3 STREET ADDRESS largo fl 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY - ST - ZIP ☐ DELETÉ Change ☐ Addition 4.1 11TLE TITLE 4. 2NAME NAME 4.3 TREET ADDRESS STREET ADDRESS 4.4 \$17Y-\$1-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS ACITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition ITLE TITLE IAME

TREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this tiling does not qualify for the indicated of this annual eport or supplemental annual poort is true and accurate officer or director of the corporation or the raceive of true tee empowered to execu

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in 3526861780 2 w. hart 3/4/98