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PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600053901 (0)

EXTERIOR ESTATE SERVICES, INC.

Mar 11 1998 8:00am Secretary of State

FILED

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Principal Place of Business Mailing Address 305 E TROPICANA CT 305 E TROPICANA CT KISSIMMEE FL 34741 KISSIMMEE FL 34741 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3388389 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible ☐ No 29 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TARRENCE, H G JR. 81 Name **1561 WEEPING WILLOW COURT** 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 **B**3 84 City 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 if apply able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TARRENCE, H G JR. NAME 1.2 NAME 1561 WEEPING WILLOW COURT STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34744 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ Change Addition 4 1 TITEF TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 61 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: & Slimm Parrence

H.GLENN TARRENCE JR 3-6-98