| Entity Name: FLORIDA BREAKER & ELECT Current Principal Place of Business: 837 SW 17 AVENUE DELRAY BEACH, FL 33444 | RICAL SURPLUS, INC. | Secretary of State 6562341708CC |
|--|---|---|
| Current Mailing Address: 837 SW 17 AVE | | |
| DELRAY BEACH, FL 33444 US | | |
| FEI Number: 65-0402243 | C | ertificate of Status Desired: No |
| Name and Address of Current Registered A | igent: | |
| HACKER, GARY 3300 N 29 AVE SUITE 102 HOLLYWOOD, FL 33320 US | | |
| The above named entity submits this statement for the purpose o | f changing its registered office or registere | ed agent, or both, in the State of Florida. |
| SIGNATURE: GARY HACKER | | 04/22/2021 |
| Electronic Signature of Registered Age | ent | Date |
| Officer/Director Detail : | | |
| Title DPS | Title D | VT |
| Name MORRIS, JOHN P | Name W | VING, RICHARD |
| Address 837 SW 17 AVE | Address 8 | 37 SW 17 AVE |
| City-State-Zip: DELRAY BEACH FL 33444 | City-State-Zip: D | ELRAY BEACH FL 33444 |

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027519

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

| SIGNATURE: JOHN PETER MORRIS | MGR | 04/22/2021 |
|------------------------------|-----|------------|
|------------------------------|-----|------------|

Electronic Signature of Signing Officer/Director Detail

FILED Apr 22, 2021