FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # E. H. MAINTENANCE SERVICES, INC. Principal Place of Business Mailing Address 1100 N. MAIN STREET 1100 N. MAIN STREET JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/20/1978 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1869752 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HORNE, WILLIAM E. 1100 NORTH MAIN ST. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 63 64 City 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition HORNE, WILLIAM E. NAME 12 NAME CR2E034 1100 N. MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE TITLE 2.1 TITLE Addition HORNE, SUE K. NAME 2.2 NAME 1100 N. MAIN STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONMLLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5 1 TITLE Addition NAME 5.2 NAME

14. Thereby certify that the information supplied with this filing dock 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 trusted 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 in address. 904)

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

4-30-98

Change

Addition