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

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)585610 JERRY'S GAS APPLIANCES, INC. Principal Place of Business Mailing Address 4929 72ND AVE NORTH 4929 72ND AVE NORTH PINELLAS PARK FL 34685 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1978 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1871901 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes 24 25 Name and Address of New Registered Agent Name and Address of Current Registered Agent POULIN, ELAINE J. 4929 72ND AVE NORTH Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 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. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change POULIN, GERALD M. NAME 1.2 NAME 11892 677H AVE, N. STREET ADDRESS 1.3 STHEET ADDRESS **SEMINOLE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE POULIN, ELAINE J. NAME 2.2 NAME 11892 67TH AVE. N. STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4,1 TITLE NAME 4 2 NAME 4.9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 application with an address.

SIGNATURE:

FILED