FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 24 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 652851 RON WILKERSON PLUMBING, INC. Principal Place of Business Mailing Address 4816 ACORN DRIVE N 4816 ACORN DRIVE N LAKELAND FL 33810 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2186300 Not Applicable

Country

81 Name

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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.

City

Suite, Apt. #, etc.

City & State

Zip

27

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29

Country

g. Name and Address of Current Registered Agent

25

WILKERSON, RONALD **4816 ACORN DRIVE NORTH**

LAKELAND FL 33809

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NO1f.: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE NAME **WILKERSON, BEATRICE** 1.2 NAME STREET ADDRESS 4816 ACORN DRIVE N 1.3 STREET ADDRESS LAKELAND, FLORIDA 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE WILKERSON, RONALD 2.2 NAME NAME **4816 ACORN DRIVE N** 2.3 STREET ADORESS STREET ADDRESS LAKELAND, FLORIDA 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP __ DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 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 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

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23

24

Zip

Suite, Apt. #, etc

City & State

1. 1. Person

DELETE

2/28/98

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

941 858-5502

Change

Addition

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Yes

85

8. This corporation owes or has paid the current year Intangible