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

FILED PROFIT Feb 25 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 689084 M & S PAINTING AND WATERPROOFING SPECIALISTS. IN Principal Place of Business Mailing Address 4725 W CONCORD AVE 4725 W CONCORD AVE P O BOX 951772 P O BOX 951772 LAKE MARY FL 32795 LAKE MARY FL 32795 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1980 2a. Mailing Address P.O. Box 951772 2. Principal Place of Business 4. FEI Number Applied For 21 59-2026128 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Lake Mary, FL 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 32795-177 USA 24 25 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YOUNG, MICHAEL ANTHONY **609 CHATAS CT** Street Address (P.O. Box Number is Not Acceptable) **B2** LAKE MARY 32748 83 84 City Zip Code 85 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered of Section 607,05:05, Florida Statutes. 11. Pursuant to the Michael A. Young **ALGENTALY SERVICES** SIGNATURE (N/TIL Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELE TE TITLE 1.1 Title Change Addition YOUNG, MICHAEL ANTHONY NAME 1.2 NAME **609 CHATAS CT** STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition YOUNG, SHERRY BOOTH NAME 2.2 NAME **609 CHATAS CT** STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHTY-ST-7IP ☐ Change DELETE Addition TITLE 51 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the inform indicated on this annual reporting of the control of the co is liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an It trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 if of it with an address

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Michael A

Addition

Change