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

FILED
Jun 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G50532

1. Corporate Name
G. C. SMITH PLUMBING OF BREVARD, INC.

Principal Place of Business
38 Rose Street
Merritt Island, FL 32953

Mailing Address
38 Rose Street
Merritt Island, FL 32953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. # etc
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 **303 Magnolia Avenue**
Suite, Apt. #, etc
27
City & State
28 **Merritt Island, FL**
Zip 29 **32952** | Country 30 **USA**

3. Date Incorporated or Qualified
07/20/1983

4. FEI Number
59-2279547
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLIEDER, CLAIR E.
303 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FLIEDER, CLAIR	12 NAME	
STREET ADDRESS	303 MAGNOLIA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	14 CITY-ST-ZIP	
TITLE	P ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, CALLIE	22 NAME	
STREET ADDRESS	38 ROSE STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	24 CITY-ST-ZIP	
TITLE	S ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, BART	32 NAME	
STREET ADDRESS	38 ROSE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200002574122 -06/29/98--01022--047 ***550.00
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6-26

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 report or supplemental requirement 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, added or deleted.

SIGNATURE: Callie Smith 6-15-98 407-454-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)