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

FILED Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K57925 (5) STRUCTURAL MODIFICATIONS AND REPAIR TECHNICIANS, Principal Place of Business Mailing Address % JEFFREY L. PETERSON % JEFFREY L. PETERSON 509 LIVE OAK ST. 509 LIVE OAK ST DO NOT WRITE IN THIS SPACE **EDGEWATER FL 32132 EDGEWATER FL 32132** 3. Date Incorporated or Qualified 01/12/1989 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 21 59-2872399 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Ziρ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PETERSON, JEFFREY L. 509 LIVE OAK ST. 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** 83 84 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE ☐ Change Addition PETERSON, JEFFREY L. NAME 1.2 NAME 141 HAZELWOOD RIVER RD. STREET ADDRESS 1.3 STREET ADDRESS **EDGEWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MUNDELL, GEORGE THEO NAME 2.2 NAME 316 QUAY ASSISI STREET ADDRESS 2.3 STREET ADDRESS NEW SMYRNA BEACH FL CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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 ettachment with an address.

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-S1-ZIP

DELETE

DELETE

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TITLE

NAME STREET ADDRESS

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CHTY-ST-ZIP

STREET ADDRESS

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Change

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Addition