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

PROFIT

SIGNATURE:

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L80137 SPECIALTY INSTALLATIONS, INC. Principal Place of Business Mailing Address 5406 AIRPORT BLVD 5406 AIRPORT BLVD TAMPA FL 33634 TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1990 2. Principal Place of Business 2a, Mailing Address FFI Number Applied For Not Applicable 59-3015469 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name TRACY, KAREN 5406 AIRPORT BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 83 84 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TRACY, STEVE 1.2 NAME CR2E034 13709 OLD FARM DRIVE STREET ADORESS 1.3 STREET ADDRESS TAMPA FL 33625 CITY - ST - 2IF 14 CiTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE TRACY, KAREN NAME 2.2 NAME 13709 OLD FARM DRIVE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33625** 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHY-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 suppliemental 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 uttachment with an address.

FILED