2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 AM Secretary of State DOCUMENT # P04000164889 1. Entity Namo T & S UTILITIES, INC. Mailing Address Principal Place of Business 8808 KANAWHA ROAD RIVERVIEW FL 33569 8808 KANAWHA ROAD RIVERVIEW FL 33569 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 20-2450464 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARLING, TERRY G Street Address (P.O. Box Number is Not Acceptable) 8808 KANAWHA ROAD RIVERVIEW FL 33569 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Addition THEE. ☐ Delete TIME STARLING, TERRY G NAME NAME 8808 KANAWHA ROAD STRUET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CHY-ST-7JP ☐ Change ☐ Addition Delete TITLE NAM NAME U00000697019 04/18/07-80024-002 158.75 STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP Delete C'angr Addition HILE DILE NAMI NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY-ST-ZIP Change Addition Delcie IIIIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition Delete HILE NAMI NAME STREET ADDRESS STREET ADDRESS. CITY-ST-7IP CITY-ST-ZIP Change Addition HHE Delcte TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalure 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY ST-71P

CITY-ST-7IP

TERRY 6. STARling 4/5/07 (8/3)671-1068 SIGNATURE: