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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000015407 (9) DOCUMENT #

TINDALL PLUMBING, INC.

Principal Place of Business Mailing Address 1812 HIBISCUS DRIVE 1812 HIBISCUS DRIVE **EOGEWATER FL \$2132 EDGEWATER FL 32132**

FILED May 01 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3159774 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the currept year Intangible Yes Yes □ No 24 Personal Property Tax due June 30. 30 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 TINDALL, GLORIA J Name 1812 HIBISCUS DR 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** 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 Signature, typed or printed hadre of jegistered agent and the stapp scalle (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PID DELETE Addition TITLE 1.1 TITLE Change TINDALL, JAMES W NAME 1.2 NAME 2031 KUMQUAT DR STREET ADDRESS 1.3 STREET ADDRESS **EDGEWATER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE TINDALL, GLORIA J NAME 2.2 NAME 2031 KUMQUAT DR STREET ADDRESS 2.3 STREET ADDRESS **EDGEWATER FL 32141** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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 supplicmental 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 attachment with an address.