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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075968 (6)

MASTERCARE PLUMBING INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1178 SUNLIGHT COURT 1178 SUNLIGHT COURT ST. CLOUD FL 34771 ST. CLOUD FL 34771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1993 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For Suite, Apt. ", etc. 59-3213628 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1XV Fee Required 27 Cilve State City & State 6. Election Campaign Financing \$5.00 May Be 23 St Cloud 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name ALLRED, DONNA L 1178 SUNLIGHT CT Street Address (P.O. Box Number is Not Acceptable) ST CLOUD FL 34771 83 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. lmd ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. __ DELETE 1.1 TITLE ☐ Change Addition TITLE ALLRED, MICHAEL NAME 1.2 NAME 4829 CYPRESS CREEK RANCH ROAD STREET ADDRESS 1.3 STREET ADDRESS ST. CLOUD FL 34771 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE ALLRED, PAULA NAME 2.2 NAME 1178 SUNLIGHT CIRCLE STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL 34771 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 DELETE 4.1 TITLE ☐ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 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 trustoe 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.

SIGNATURE:

3-14-97 407-842-4030