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

FILED Feb 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000019411 (5) ZEPIG HOME SERVICE, INC. Principal Place of Business Mailing Address ILMAR ZEPIG **ILMAR ZEPIG** 536 LYONS LANE 536 LYONS LANE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0475251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZEPIG, ILMAR **536 LYONS LANE** Street Address (P.O. Box Number is Not Acceptable) **STE 301** LONGBOAT KEY FL 34228 83 84 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PCST** DELETE TITLE 1.1 TITLE ☐ Change Addition **ZEPIG. ILMAR** 1.2 NAME **536 LYONS CT** STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE Addition 2.1 TITLE ZEPIG. RENATE R NAME 22 NAME **536 LYONS LANE** STREET ADDRESS 2.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITt F Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

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 or supplemental 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 emported 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. 2/12/QD

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

STREET ADDRESS

CITY-ST-ZIP