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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039497 (0)

FILED Apr 03 1998 8:00am Secretary of State

PRECISION SCRAPING INC. OF BROOKSVILLE Principal Place of Business Mailing Address 14389 RIALTO AVE 14389 RIALTO AVE **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-2043134 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 26 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALKER, WILLIAM 14389 RIALTO AVE **B2** Street Address (P.O. Box Number is Not Acceptable) **BROOKSVILLE FL 34613** В3 84 City Zip Code 85 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE (10/97)OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE 11 TITLE WALKER, WILLIAM 1.2 NAME CR2E034 NAME 14389 RIALTO AVE 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34613** CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIME 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 City - ST - ZiP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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 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.

William Walker

SIGNATURE:

3/30/49