FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Apr 01 1998 8:00am **CORPORATION** Sandra B. Mertham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P9400061048, PIPELINE MAINTENANCE & SERVICES, INC. WARE IN Principal Place of Business Mailing Address **800 CARLTON COURT** 9900 H **800 CARLTON COURT** 2 B C WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NO WRITE IN THIS SPACE 3. Date Incorporated or Sualified 08/15/1994 2. Principal Place of Business Applied For 2a. Mailing Address 4. EEI Number 59-3270269 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Zip Country This corporation owes or has paid the current year Intangible Zip Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REXROAT, THOMAS D 800 CARLTON COURT Street Address (P.O. Box Number is Not Acceptable) 82 WINTER HAVEN FL 33884 83 Zip Code 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change NAME REXPOAT, THOMAS D 1.2 NAME STREET ADDRESS 800 CARLTON COURT 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE" Change ■ Addition 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP Addition Change TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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12.

TITLE

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STREET ADDRESS

CITY-SY-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. Darlow Kexnat

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3-12-98

941-324-5588

Change

Addition