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

FILED Feb 06 1998 8:00am Secretary of State

P94000065040 (5) DOCUMENT # DAVID GILMOUR, INC Principal Place of Business Mailing Address 1854 WALTON ROAD 214 NE ELM TERRACE PORT ST. LUCIE FL 34352 JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0520723 Not Applicable Suite, Apt #, Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GILMOUR, JOSHUA D 81 Name 214 NE ELM TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 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 (NOTE: Registered Agent signature required when re-installing) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST DELETE Change TITLE 11 TITLE Addition GILMOUR, JOSHUA D NAME 1.2 NAME 214 NE ELM TERRACE STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP 1.4 CHY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2IP 3.4. CITY-ST-ZIP DELETE TITLE ☐ Change Addition 4.1 111LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 84 CITY-ST-7IP CITY-ST-ZIF

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 empraced 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.

561-335-3166