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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

City-St-ZiP

TITLE

NAME

TITLE

NAME



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011711 (5)

EEE-ZZZ LAY DRAIN COMPANY OF FLORIDA

Principal Place of Business Mailing Address 1700 LAKESIDE AVENUE 1700 LAKESIDE AVENUE ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 02/09/1995 Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-3295462 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLEN, BRINTON & SIMMONS P.A. ONE INDEPENDENT DRIVE STE. 3200 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 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's gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HOUCK, RANDALL J NAME 1.2 NAME 3532 KINGS ROAD SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP 1.4 CO Y - S1 - ZIP SD DELETE TITLE 2.1 TITLE Change Addition HOUCK, DOROTHY NAME 2.2 NAME 3532 KINGS ROAD SOUTH STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP 2 4 CITY - ST - ZII DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAMI

14. Thereby 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 charged, or on an attachment with an address.

4.3 STHEET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

5.4 CiTY-ST-ZIP

4.4 CITY-ST-ZIP

51 1IILE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

1/1/160

Change

Change

Addition

Addition

FILED

Apr 21 1998 8:00am

Secretary of State