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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041082 (5)

J & J PRESSURE CLEANING AND PAINTING, INC.

Principal Place of Business Mailing Address 8836 79TH PLACE NORTH SEMINOLE FL 34647

FILED Feb 10 1998 8:00am Secretary of State



8836 79TH PLACE N. SEMINOLE FL 34647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3317426 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, PATRICK JR. 9161 108TH AVE. N. 82 Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34647 83 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE fingistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE THILE 1.1 TITLE ___ Change Addition JONES, PAT JR. NAME 1.2 NAME 9161 108TH AVENUE NORTH STREET ADDRESS 13 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 14 City - St - 7iP DELETE Change Addition TITLE 21 TITLE JONES, PAT NAME 2.2 NAME 8836 79TH PLACE NORTH STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL CITY - ST - ZIP 2 4 City - ST - ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3.4. CITY - \$T - ZIP Addition DELETE ☐ Change TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 armual 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.

SIGNATURE:

Atrick Joves Jr

CRZE034