FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P95000046667 (8)

UNDERWOOD INSPECTION SERVICE, INC. Principal Place of Business Mailing Address 210 CORDOBA CIR 210 CORDOBA CIR ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1995 2. Principal Place of Business 2a. Mailing Address FE! Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 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 has liability for intangible tax under s 199.032, 24 ☐ Yes XNo 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name UNDERWOOD, LESLIE B Street Address (P.O. Box Number is Not Acceptable) 82 210 CORDOBA CIR ROYAL PALM BEACH FL 33411 83 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. wolie B. Underword estie B. Underwood , Seψ, Signature, typed or printed name of registered agent and title if appli gistered Agont signature requi (12/95)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. □ DELETE TITLE President 1. 1 TITLE ☐ Change ☐ Addition Barry K. Underwood 210 Cordoba Cir. NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS Royal Palm Beach ofh. 33411 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition THILE Secretary 1 Treasurer 2.1 TITLE Change Ledie B. Undersood 210 Cordoba Ctr. NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS Royal folm Breach, Fle 33411 CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE ☐ DELETE Change Addition 3. 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4. 1 TITLE ☐ Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS **53 STHEET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE 6. 1 TITLE Change Addition NAME 6.2 NAME STHEET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT