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May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049891 (1)**

1. Corporation Name
PLUMB-CO OF BREVARD, INC.

Principal Place of Business	Mailing Address
80 SUNSET DRIVE UNIT A WEST MELBOURNE FL 32904	80 SUNSET DRIVE UNIT A WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1995

2. Principal Place of Business	2a. Mailing Address
21 PLUMB-CO OF BREVARD, INC. 700 S. JOHN RHODES BLVD. UNIT D-4 WEST MELBOURNE, FL 32904 725-6010 PAGER: 458-1230	26 PLUMB-CO OF BREVARD, INC. 700 S. JOHN RHODES BLVD. UNIT D-4 WEST MELBOURNE, FL 32904 725-6010 PAGER: 458-1230
22 Suite, Apt. #	27 Suite, Apt. #
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3311819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCIAUDONE, MICHAEL P 2250 VERMONT STREET W. MELBOURNE FL 32904	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 1612 DALLAM AVE 83 84 City: Palm Bay N.W. FL 85 Zip Code: 32905

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 X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCIAUDONE, MIACHAEL P. 2250 VERMONT STREET WEST MELBOURNE FL 32904	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Same Michael P Sciaudone 1612 DALLAM AVE Palm Bay N.W Fla 32905 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Michael P Sciaudone 4/1/98