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

DOCUMENT # P9600000731 (5)

H & L PARKING LOT MAINTENANCE, INC.

Principal Place of Business Mailing Address 8815 WOODMONT LANE 8815 WOODMONT LANE PORT RICHEY FL 34868 PORT RICHEY FL 34868 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3357650 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEEPER, HOWARD 8815 WOODMONT LANE R2 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34868 83 City 85 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** Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition LEEPER, HOWARD NAME 1.2 NAME 8815 WOODMONT LANE STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Addition 31 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE □ DELETE Addition 6.1 TITLE ☐ Change NAME 6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/11/08

FILED

May 13 1998 8:00am

Secretary of State