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 # P96000035536 (7)

NANRICK PLUMBING SERVICES, INC.

Principal Place of Business Mading Address 2530 CAMELOT CT #137 8930 ST RD 84 COOPER CITY FL 33026 BOX 239 DO NOT WRITE IN THIS SPACE DAVIE FL 33324 US 3. Date Incorporated or Qualified 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0660240 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution tided to Fees Country 8. This corporation owes or has paid the curre year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Name WOLTER, RICHARD C 2530 DAMELOT CT #197 939/ SW 54 P/ COOPER CITY FL 33028-62 Street Address (P.O. Box Number is Not Acceptable) 33328 83 84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stgnature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WOLTER, RICHARD C NAME 1.2 NAME 9391 SW 54 P 2530-0AMELOT-GT-#137 1.3 STREET ADORESS STREET ADDRESS COOPER CITY FL-83026 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

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.

FILED

Mar 18 1998 8:00am

Secretary of State