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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083116 (9) COMMERCIAL RESIDENTIAL SERVICES OF TAMPA, INC.

FILED Apr 20 1998 8:00am Secretary of State



211 NORTH BANNOCKBURN AVENUE P.O. BOX 272296 TEMPLE TERRACE FL 33617 TAMPA FL 33688 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3403364 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOORE, JAMES D JR. 211 NORTH BANNOCKBURN AVENUE Street Address (P.O. Box Number is Not Acceptable) **TEMPLE TERRACE FL 33617** 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 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE ☐ Change ☐ Addition NAME MOORE, JAMES D JR. 1.2 NAME 211 NORTH BANNOCKBURN AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TEMPLE TERRACE FL 33617** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE 61 TIRE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 philatechment with an address.

SIGNATURE:

4-13-98

93)88-1369