FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 02 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 # **P97000012657 (7)**

1. Corporation Name
PLUMBING FIBERGLASS MFG. INC.

Principal Place of Business	Mailing Address
501 PUTNAM COUNTY BLVD P O BOX 1013 EAST PALATKA FL 32131	501 PUTNAM COUNTY BLVD P O BOX 1013 EAST PALATKA FL 32131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1997

21	2. Principal Place of Business	26	2a. Mailing Address: P O Box 834
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: Hollister Fl
24	Zip / Country	29	Zip: 32147
25		30	Country: USA

4. FEI Number: 59-3427093 ☐ 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**

HOUSEND, ROSANNA M
RT 2 BOX 596
INTERLACHEN FL 32148

10. **Name and Address of New Registered Agent**

81 Name: Rosanna M. Damewood
82 Street Address (P.O. Box Number is Not Acceptable): [redacted] 163 Willis Rd
83
84 City: Hollister FL 85 Zip Code: 32147

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: Rosanna M. Damewood — Rosanna M. Damewood — 2-5-98
(Signature, type or print 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	☐ DELETE	1.1 TITLE	PRESIDENT/SEC/TREA ☒ Change ☐ Addition
NAME		1.2 NAME	Rosanna M. Damewood
STREET ADDRESS		1.3 STREET ADDRESS	163 Willis Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hollister Fl 32147-0834
TITLE	☐ DELETE	2.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	ALVIN L. Damewood
STREET ADDRESS		2.3 STREET ADDRESS	163 Willis Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollister Fl 32147-0834
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ 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	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DCP. $150.00

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: Rosanna M. Damewood — Rosanna M. Damewood