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

FILED
Jun 02 1998 8:00am
Secretary of State

DOCUMENT # **P97000012657 (7)**

1. Corporation Name
PLUMBING FIBERGLASS MFG. INC.

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

Mailing Address
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

2. Principal Place of Business
21

2a. Mailing Address
26 PO Box 834

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 Hollister Fl

Zip 24 | Country 25

Zip 29 32147 | Country 30 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, Typed or Printed Name of Registered Agent and Date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/SEC/TREA	☒ Change ☐ Addition
1.2 NAME	Rosanna M. Damewood	
1.3 STREET ADDRESS	163 Willis Rd	
1.4 CITY-ST-ZIP	Hollister Fl 32147-0834	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	ALVIN L. Damewood	
2.3 STREET ADDRESS	163 Willis Rd	
2.4 CITY-ST-ZIP	Hollister Fl 32147-0834	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

DEP. $50.00

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

CR2E034 (10/97)