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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000045698 (2) DOCUMENT # 1. Corporation Name

J & P INSTALLATION, INC.

Principal Place of Business Mailing Address 3625 GREATWOOD CT 3625 GREATWOOD CT LAND O' LAKES FL 34639 LAND O' LAKES FL 34639 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3448282 26 Not Applicable 21 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 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intaggible ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JONES, BRENDA 3625 GREATWOOD CT 82 Street Address (P.O. Box Number is Not Acceptable) LAND O' LAKES FL 34639 **B3** 84 City Zip Code 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, typod or printed name of registered agent and tine if applicable (NOTE: Registered Agent signature required when reinstalling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME CRZE034 STREET ADDRESS 1.3 STREET ADDRESS Kes Fl. 34639 CITY-ST-ZIP 1.4 City-St-7IP TITLE DELETE 2.1 TITLE Change Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - 7IP TITLE DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADORESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE TITLE Change Addition 61 THILE NAME 62 NAME STREET ADDRESS 6.3 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 recovery or truettee 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 all almost with an address.

CITY-ST-ZIP

4/4/98 (812) 996-222

FILED

May 08 1998 8:00am

Secretary of State