AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

02 OCT -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008336151--8
-10/11/02--01065--003
*****61.25 *****61.25
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DOCUMENT # P97000066572

1. Entity Name

ACTION WELL WORKS OF OKEECHOBEE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
605 W.S. Park St.	605 W.S. Park St.
Suite, Apt. #, etc.: Ste 215	Suite, Apt. #, etc.: Ste 215
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34972 Country: USA	Zip: 34972 Country: USA

4. FEI Number 65-0772745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Goolsby, Ernest C. II

Street Address (P.O. Box Number is Not Acceptable): 5801 HWY 98 North

City: Okeechobee, FL Zip Code: 34972

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Goolsby, Ernest C. II
STREET ADDRESS	5801 Hwy 98 North
CITY-ST-ZIP	Okeechobee, Fl 34972
TITLE	P/T
NAME	Corwin, Mike
STREET ADDRESS	605 W.S. Park St., Ste 215
CITY-ST-ZIP	Okeechobee, Fl 34972
TITLE	V
NAME	Corwin, Mark
STREET ADDRESS	605 W.S. Park St. Ste 215
CITY-ST-ZIP	Okeechobee, FL 34972
TITLE	S
NAME	Goggans, Billy Paul
STREET ADDRESS	605 W.S. Park St., Ste 215
CITY-ST-ZIP	Okeechobee, Fl 34972
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Mike Corwin 9/30/02 863-634-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #