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

PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT # P97000081735 (7)

ROPER PLUMBING DRAIN DIVISION, INC.

Principal Place of Business Mailing Address 1420 SUNSET DR 1420 SUNSET DR WINTER PARK FL 82789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-346692 2301 MERKATOR Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible *3*280 25 (4) [29]

Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name ROPER, STEPHEN W 1420 SUNSET DR Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32789 83 RA City Zip Code 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. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect nation of magnitude agend and title it apply ablir (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PSTD** DELETE ☐ Change Addition TITLE 1.1 HTLE ROPER, STEPHEN W 1.2 NAME NAME 1420 SUNSET DR STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CHY-ST-ZIP ☐ Change DELETE TITLE 21 TITLE Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-SI-ZIP Change DELETE Addition TITLE 3.1 THEF NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZiP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETÉ 5.1 10118 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 61 TOLE NAME STREET ADDRESS 6.3 STREET ADDRESS

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receipt 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 attack iment with an address.

6.4 CITY - ST - 7IP