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

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084912 (9)

OLD SOUTH ABATEMENT, INC.

Principal Place of Business Mailing Address 4401 WHITEWAY DAIRY RD. P.O. BOX 1987 FT. PIERCE FL 34947 FT PIERCE FL 34954 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GUETTLER, PHILLIP G** 4401 WHITEWAY DAIRY RD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34947 83 84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or profed name of registered ages Land title if applicable (NOTE: Registered Agent signature required when reinstating) 10gg ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELFTE Change Addition 1.1 TITLE TITLE **GUETTLER. PHILLIP G** NAME 1.2 NAME 4851 JORGENSEN RD. 1.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 34982 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ___ Addition ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TATLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. 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 supplicated 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 this receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed by a align achieved with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 711t F

6.2 NAME

DELETE

CIONATURE.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

PHTILIPCUSTUSP 4-24-98

561-46-8345

Change

Addition

FILED

May 27 1998 8:00am

Secretary of State