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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # P97000100537 (4) HAMILTON INSPECTION, CONSTRUCTION CONSULTING & M 👑 ANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 12730 NEW BRITTANY BOULEVARD 12730 NEW BRITTANY BOULEVARD SUITE 416 SUITE 416 DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 FT MYERS FL 33907 3. Date Incorporated or Qualified 11/26/1997 2. Principal Place of Business Mailing Address 4. FEI Numbe Applied For 21 Not Applicable 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 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 51ME **AMERILAWYER** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 City 84 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 typed or printed name of repistered agent and title if applicable (NOTE Registered Agent agent are required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ PSTD Change Addition 1.1 TITLE TITLE HAMILTON, JACK L NAME 1.2 NAME CR2E034 12730 NEW BRITTANY BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33907 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7IP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - 7iP ☐ Change DELFTE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DLLETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-2IP 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 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.