PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000012255 INTERSTATE INSTALLATIONS AND MAINTENANCE, INC. Principal Place of Business Mailing Address 1807 6TH AVENUE NORTH 1807 6TH AVENUE NORTH LAKE WORTH FL 33461 LAKE WORTH FL 33461 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 02/06/1998 Applied For Za. Mailing Address 2. Principal Place of Business 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 -City & State City & State \$5.00 May Be Election Campaign Financing · 🖂 · Trust Fund Contribution 28 Country Zip Country Zio 8. This corporation owes the current year Intangible Personal Property Tax. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BENNETT, JOSH N ESQ. 82 (P.O. Box Number is Not Acceptable) BENNETT & DAVIS, P.A. NORTH EAST 100 SE SECOND ST SUITE 2600 83 **MIAMI FL 33131** MAMI 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, if 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. <u>United</u> <u>Corporate</u> SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition TITLE DELETÉ CR2E034 NAME PETERSON, JEFFREY 1.2 NAME STREET ADDRESS 1807 6TH AVENUE NORTH 1.3 STREET ADDRESS LAKE WORTH FL 33461 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE ☐ Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 31 TITLE TILE. 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ANDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change OFLETE TITLE 5.1 TITLE 5.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 certify 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6 1 TITLE

82 NAME

SIGNATURE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

<u> 1/20/19</u>

Daytene Phone 9

☐ Change

☐ Addition

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90108 032 ***150.00