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Secretary of State
04-21-1999 90213 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086429

1. Corporation Name
POWER ROOTER OF SW FLORIDA INC.

Principal Place of Business
4595 TOLLEFSON AVE.
NORTH PORT FL 34287

Mailing Address
4595 TOLLEFSON AVE.
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1998

FEI Number 650880915 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 5180 TROTT CIR
Suite, Apt. #, etc.
22 UNIT A FL
City & State
23 NORTH PORT FL
Zip 24 34287 Country 25 SARASOTA

2a. Mailing Address
26 5180 TROTT CIR
Suite, Apt. #, etc.
27 UNIT A
City & State
28 NORTH PORT FL
Zip 29 34287 Country 30 SARASOTA

9. Name and Address of Current Registered Agent
COLLINS, WILLIAM
4595 TOLLEFSON AVE.
NORTH PORT FL 34287

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 X William H Collins — 4-16-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres	WILLIAM COLLINS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	4595 TOLLEFSON AV.	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL. 34287	1.4 CITY-ST-ZIP	
TITLE	SEC TREASURER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JIM BURROW	2.2 NAME	
STREET ADDRESS	6345 SCORPIO	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL. 34287	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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.

SIGNATURE: Jennifer Burrow SIGNATURE REQUIRED — 4-16-99 Date — 941-426-1429 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)