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

FILED Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)WELLINGTON GUTTERS, INC. Principal Place of Business Mailing Address 10905 DAI MANY WAY P.O BOX 210563 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33421-0563 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0338577 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζıρ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SNIDER, JAMES F., JR. 10905 DALMANY WAY Street Address (P.O. Box Number is Not Acceptable) R2 **ROYAL PALM BEACH FL 33411** 83 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D DELETE Change Addition TITLE 1.1 TITLE SNIDER, JAMES F., JR. 1.2 NAME NAME 10905 DALMANY WAY 1.3 STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE __ Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ___ Addition TITLE 3.1 TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 supplimental 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.

61 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-2IP

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

TITLE NAME

4/21/68

793 953/

Change

Addition

CR2E034