I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: LORRAINE MABE

Electronic Signature of Signing Officer/Director Detail

LAKELAND. FL 33809 **Current Mailing Address:**

Current Principal Place of Business:

924 FAIRLANE DR., UNIT 2 LAKELAND, FL 33809

City-State-Zip: LAKELAND FL 33809

FEI Number: 84-1720664

924 FAIRLANE DR., UNIT 2

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MABE, LORRAINE 3954 DERBY DR. LAKELAND, FL 33809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail : Title V Title Ρ Name MABE, BEAUFORD HJR. Name MABE, LORRAINE Address 3954 DERBY DR.

above, or on an attachment with all other like empowered. PRESIDENT

FILED Feb 19, 2015 Secretary of State CC9660848407

Date

Certificate of Status Desired: No

Address 3954 DERBY DR. City-State-Zip: LAKELAND FL 33809

02/19/2015

Date

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149551

Entity Name: MABE PRODUCTION AND INSTALLATION, INC.