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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

| 11 00.00.2 | MENT # 370775 VINSLOW ROOFING INSPEC | ` ' | | | |
|---|--|---|---|--|---|
| Principal Place | e of Business | Mailing Address | | | |
| 8488 JENNY (| | 8488 JENNY CAE LN | | | |
| | | P.O. BOX 05338 | | | |
| N FORT MYERS FL 33903 | | N FORT MYERS FL 33903 | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| 9 Principal P | lace of Business | 2a, Mailing Address | | 10/06/1970 4. FEI Number | Applied For |
| 21 | add or Eddiness | 26 | | 59-1307056 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | <u> </u> | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the c | Party |
| 24 | 25 Name and Address of Curren | | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| 10.00 | | r Hadisteled Adailt | 81 Name | 10, Name BIIO Address of New Registered | 2 Agent |
| WINSLOW, PAUL H | | | | | |
| 8488 JENNY CAE LN N FORT MYERS, FL 33903 | | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | |
| NF | ONI MIENS, FL 33803 | | 63 | | |
| | | | | | . , _, |
| | | | 64 City | F | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607 1508, Florida Statute | es, the above-named co | orporation submits this statement for the purpose | of changing its registered |
| office or re | egistered agent, or both, in the State : m fa miliar with, and accept the oblica | of Florida. Such change was a ations of, Section 607.0505. Flo | iuthorized by the corpor orida Statutes. | propration submits this statement for the purpose ration's board of directors. I hereby accept the ap- | pointment as registered |
| SIGNATURE | | | | | |
| | Signature, typed or printed name of registered ager | | Angistered Agent signature rec | guired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | DPT | ☐ DELETÉ | 1.1 TITLE | | Change Addition |
| NAME | WINSLOW, PAUL H | | 1 2 NAME | | |
| STREET ADDRESS | 8488 JENNY CAE LANE | | 1.3 STREET ADDRESS | | , |
| CITY-ST-ZIP TITLE | N FORT MYERS FL VTS | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| NAME | WINSLOW, SANDRA M | | 2.2 NAME | | T CIRCIDE T VOUITOR |
| STREET ADDRESS | 8488 JENNY CAE LANE | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N FORT MYERS FL | | 2. 4 CITY - ST - ZIP | • | |
| TITLE | TOTAL MILETOTE | 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 ADORESS | | | 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 | • | 4 | 5.3 STREET ADDRESS | | ı |
| CITY-ST-ZIP | | T DELETE | 5.4 City-St-ZIP | | F 1 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 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.

SIGNATURE: Springe W. WEOK

1/10/98

941 995-4389

FILED

Mar 26 1998 8:00am

Secretary of State