FILED Feb 01, 2001 8:00 am

Second Programment Second	1. Entity Nam	MENT # 450948 ARRELL ROOFING, INC.				Feb 01, 20 Secretary 02-01-2001 9013	y of Sta	ate	L
### Principal Place of Business ### 2216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT Write in This SPACE	Principal Plac	e of Business	Mailing Address						
Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired Registered Agent Fee Required Fee	3125 W THARPE ST TALLAHASSEE FL 32316		PO BOX 20421 TALLAHASSEE FL 32316				911	451	
City & State Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE FL 32312 City FL Zip Code S. 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 Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE Specially perfect rome or regional agent and the distribution. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Specially perfect rome or regional agent and the distribution. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State The MAKE HARRELL MICHAELT SIGNATURE PD HARRELL MICHAELT SIGNATURE PD HARRELL MICHAELT SIGNATURE SIGNATURE	2. Principal Place of Business		3. Mailing Address						
City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
S. Name and Address of Current Registered Agent HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE R. 32312 City FL City FL Zip Code City FL Zip Code City FL Zip Code ONTE Regulated defense (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address of New Registered agent. or both, in the State of Florida. Free Required Name Street Address of New Registered agent. or both, in the State of Florida. Free Required Name Street Address of New Registered agent. or both, in the State of Florida. Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Free Required Free Required Name Street Address (P.O. Box Number is Not Acceptable) Free Required Free Require			City & State		4. 1	59-1519775		plied For t Applicable	7
HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE FL 32312 Title Signature, typed or printed name of registered agent and still applicately. WATER Registroed Agent sgnature registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and still applicately. P. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE, FL 00000 TITLE STEET ADDRESS CITY-ST-ZP TALLAHASSEE, FL 00000 TITLE NAME HARRELL, NANCY P. 1005 SHALIMAR DRIVE. TOTAL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZP Change Add Add Change Add Ch	Zip	Country	Zip	Country	5. (Certificate of Status Desired			1
HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE FL 32312 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or printed rame of inginered agent and stell if applicable. (NOTE Registered Agent signature required when revisitable) DATE		6. Name and Address of Current R	legistered Agent		7. N	Name and Address of New Registe	red Agent		1
1005 SHALIMAR DR. TALLAHASSEE FL 32312 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hypotrol or printed name of registered agent and of the Applicable.				Name					
S. 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 Signature, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent displature registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent displature registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and site of applicable. (NOTE: Registered Agent displature registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent, or both, in the State of Florida. OATE				Street Addr	ess (P.O. E	Box Number is Not Acceptable)			1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typad or printed rame of registered agent and stell applicable. P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) P. Deficers AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P. D. Defide TITLE NAME HARRELL, MICHAEL T 1005 SHALIMAR DR. TALIAHASSEE, FL 00000 TITLE ST Defide TITLE ST ST Defide TITLE ST S			•						
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME HARRELL, MICHAEL T 1005 SHALIMAR DR. TALLAHASSEE, FL 00000 TITLE NAME HARRELL, NANCY P. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add Add Change Add Change Add Add Change Add Change Add Add Change Add C				City			FL Zip Code	9	1
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE ST TALLAHASSEE, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agent en 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00		.00 f State	10. Election Campaign Financing Trust Fund Contribution.	9 \$5.0 Added	I to Fees	-
NAME HARRELL, MICHAEL T 1005 SHALIMAR DR. 323/2 TITLE ST □ Delete TITLE □ Change ☑ Add NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☑ Add NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☑ Add NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add TITLE NAME NAME ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add TITLE ☐ Delete TITLE ☐ Change ☐ Add NAME ☐ Change ☐ Add ☐ Change ☐ Add NAME ☐ Change ☐ Add ☐ Change ☐ Add	11.			-	AD	DITIONS/CHANGES TO OFFICERS			- a
TITLE NAME HARRELL, NANCY P. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	HARRELL, MICHAEL T 1005 SHALIMAR DR.	□ Delete	NAME STREET ADDRESS			(ZIP)	☑ Addition / み	1004 (4010)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	NAME STREET ADDRESS	ST Harrell, Nancy P.	Delete	NAME STREET ADDRESS	-	••	(915)	☑ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CTTY-ST-ZIP Change Add NAME NAME NAME NAME NAME Add	TITLE	TALLAHASSEE FL	☐ Delete	TITLE				Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete NAME NAME NAME NAME NAME NAME NAME	CITY-ST-ZIP		□ Poloto	CITY-ST-ZIP			Change	☐ Addition	-
NAME NAME	NAME STREET ADDRESS		∟ Delete	NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Add Add Change Add	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	

2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered