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

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F61431

(5)

**FILED** Jan 27 1998 8:00am Secretary of State

1. Corporatio	WAY ROOFING, INC.	(-)		 	11811 81811 81811 81811 81811 1881	
Principal Plac	e of Business	Mailing Address			FIER BIER BERK BIRA BIRA BIRA	
Principal Place of Business  WILLIAM HOLLOWAY PINELLAS PARK FL 33781 US		P.O BOX 10577 3661 62ND AVENUE NORTH ST. PETERSBURG FL 33733 US		3. Date Incorporated or Qualified	1 '	
				01/05/1982		
	lace of Business	2a. Mailing Address	<b>- フフ</b>	4, FEI Number	Applied For	
21 <b>366</b> Suite, Apt.	-62AVE NORTH	26		59-2147102	Not Applicable  \$8.75 Additional	
	ELLAS PARK.	27 ST. PETERS	Ruels	5. Certificate of Status Desired	Fee Required	
City & Stat	€ .	City & State	,, <u></u>	6, Election Campaign Financing	\$5.00 May Be	
23 FL	orida	28 FLORIDA		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24 337	8 25 USA	29 33733 30	USA	Personal Property Tax due June 30.	☐Yes ☐ No	
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
3661 62ND AVENUE NORTH PINEULAS FL 33781			81 Name			
			B2 Street	Address (P.O. Box Number is Not Acceptable)		
			B3			
			84 City		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						
	Signature, typed or printed name of registered agent OFFICERS AND			required when reinstaling) DA		
12.	D OFFICERS AND	DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	HOLLOWAY, WILLIAM	C. Steen	1.2 NAME			
STREET ADDRESS	6027 KIPPS COLONY DR E.		1.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT FL		1.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition	
NAME	HOLLOWAY, PEGGY		2.2 NAME			
STREET ADDRESS	6027 KIPPS COLONY DR E.		2.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT FL		2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		İ	
CITY-ST-ZIP		[ ] OF (575	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE			5.1 IIILE 5.2 NAME		C cuande C Voquon	
NAME Street Address			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.3 STREET AUDRESS			
TITLE		☐ DELETÉ	61 TITLE		☐ Change ☐ Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption state	d in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	

indicated on this amount report or supplemental annual report is true and accurate and maining signature shall have the same legal effect 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.