Principal Place of Sustaines Say W. REAVER STREET ANSSONNILE F1. 3220 See Selected STREET See Select	DOCUMENT # 1. Entity Name ALL AROUND ROOF!	FILED Jan 08, 2001 8:00 am Secretary of State				1				
2. Principal Prace of Business 8 SYLO W Brack St. 8 SAHO W BROWN ST. 960. SUIC, AS 18, 450. SUIC, AS 180.	8580 W. BEAVER STREET 8580 W. BEAVER STREET					01-08-2001 90008 007 ***150.00				
BOZEMAN, STEVEN R RT 4 BOX 7458 HILLARD FL 32046 City FL Zip Code	8540 W Beaver St 8540 W B Suite, Apt. #, etc. Suite, Apt. #, etc. LCKSon ville City & State City & State				37220	DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2694462 Applied For				
BOZEMAN, STEVEN R RT 4 BOX 7458 HILLARD FL 32046 City FL Zip Code						5. Certificate of Status D	Desired	\$8.75 Add	litional	Ī
SIGNATURE Special support of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Special support of the purpose of changing its registered agent support	6. Name and	Address of Current Re	gistered Agent	<u> </u>		7. Name and Address	of New Registered	•	u	
SIGNATURE Symbol	RT 4 BOX 7458	R			Street Address (P	O. Box Number is Not Ac		L Zip Code	9	
SIGNATURE Signature, typied or printed name of registered against and title if applicable NOTE Registered Against signature required when reinstating) DATE). The above named entity sub	mits this statement for th	e purpose of changing its	register	ed office or registere	ed agent, or both, in the St	tate of Florida.			
Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Security and a back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Added to F		ed name of registered agent and t	itte if applicable (NO1	E· Registere	ad Agent signature required v	when reinstating)	DATE			
TILE P	Tax filing requirement and elects to do so. After MAY 1, 2001				will be \$550.00	Trust Fund Co				
TREET ADDRESS ITY-ST-ZIP TLE	1.5	OFFICERS AND DIF			-	ADDITIONS/CHANGES	TO OFFICERS AN			_ =
TREET ADDRESS ITY-ST-ZIP TLE	AME BOZEMAN, ST TREET ADDRESS RT 4 BOX 745	BOZEMAN, STEVEN RAY ESS RT 4 BOX 7458			IE EET ADDRESS	•		□ cuange	Addition	CR2E034 (10/00)
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Delete TITLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP REET ADDRESS CITY-ST-ZIP SITURE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Chan	ME REET ADDRESS		☐ Delete	NAM STRE	IE EET ADDRESS			☐ Change	Addition	
STREET ADDRESS (CITY-ST-ZIP) B. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or on an attachment with an address with all other like empowered.	ME REET ADDRESS		☐ Delete	NAM STRE	EET ADDRESS			☐ Change	Addition	
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 11 or Block 12 if changed or on an attachment with an address, with all other like empowered	ME REET ADDRESS		☐ Delete	NAM STRE	NE EET ADDRESS			Change	Addition	
NONETHER ATT. OF THE PORT OF T	of the corporation or the rec	upplemental report is tru eiver or trustee empowe	e and accurate and that a red to execute this report	my signa : as requi	ture shall have the sa	ame legal effect as if mad	e under oath; that my name appears	I am an officer in Block 11 or	or director Block 12 if	
SIGNATURE: 1-3-01 904) 388 - 75 76 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	SIGNATURE:	THE POW	TED NAME OF SIGNING OFFICER	OR DIREC	Eman.	1-3-0 Date	1 904		576	