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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002631 (9)

CONWOOD ROOFING CONTRACTORS, INC.

Principal Place of Business Mailing Address 406 HARBOUR DRIVE 26111 EVERGREEN RD DUCK KEY FL 380 SUITE 301 DO NOT WRITE IN THIS SPACE SOUTHFIELD MI 48076 3. Date Incorporated or Qualified 11/06/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0352534 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CONSIDINE, ROBERT 406 HARBOUR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) DUCK KEY FL 96555 83 230*50* 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change □ DELETE 1.1 TITLE TITLE CONSIDINE, ROBERT 1.2 NAME NAME 26111 EVERGREEN RD STE 301 STREET ADDRESS 1.3 STREET ADDRESS SOUTHFIELD MI 48076 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED
Mar 20 1998 8:00am
Secretary of State

