FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042155 (9)**

1. Corporation Name

PRIDE ROOFING INC.

Principal Place of Business	Mailing Address
1068 LOTUS PKWY #815 ALTAMONTE SPRINGS FL 32714	1068 LOTUS PKWY #815 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **05/31/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 Pride Roofing, Inc.	26 1068 Lotus Pkwy
Suite, Apt. #, etc. 22 815	Suite, Apt. #, etc. 27 815
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714 Country 25 Seminole	Zip 29 32714 Country 30 Seminole

4. FEI Number: **59-3259873** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EIDEN, WILLIAM J
1068 LOTUS PKWY #815
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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] WILLIAM J. EIDEN 23 Jan 96
Signature, typed or printed name of registered agent and title if officer or dir. (NOTE: Registered Agent's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	WARD, DANNY	Terminated	1.2 NAME	
STREET ADDRESS	200 MAITLAND AVENUE, #146		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM J. EIDEN		2.2 NAME	
STREET ADDRESS	1068 Lotus Pkwy. #815		2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs, FL 32714		2.4 CITY-ST-ZIP	
TITLE		☐ 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 ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	900001833643
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	-05/22/96--01012--013
STREET ADDRESS			5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	N/A
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 23 Jan 96 (407)521-6867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] EIDEN