FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



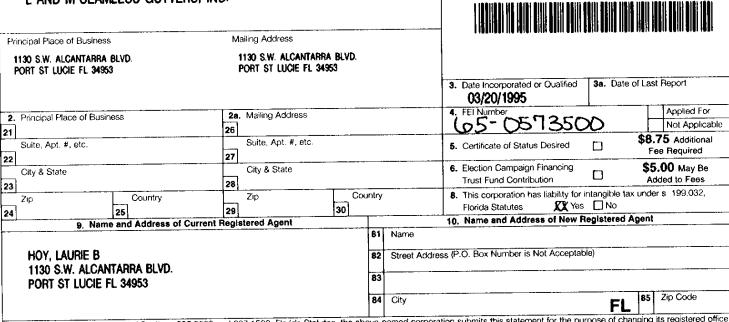
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000022704 (7) DOCUMENT #

Corporation Name					
L AND M SEAMLESS GUTTERS, INC.					



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 and title if applical	ble (NOT	E: Registered Agent signature required	when reinstating) DATE
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE	Change Addit
NAME	HOY, LAURIE B		1.2 NAME	
STREET ADDRESS	1130 S.W. ALCANTARRA BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2. 1 TITLE	☐ Change ☐ Addit
NAME	HOY, MICHAEL A		2.2 NAME	
STREET ADDRESS	1130 S.W. ALCANTARRA BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		24 CITY-ST-ZIP	
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Addi
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-S1-ZIP			3.4 CITY - ST - ZIP	
TITLE		DELETE	4. 1 TITLE	☐ Change ☐ Addi
NAME	-		4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - \$T- ZIP	
TITLE		DELETE	5 1 TITLE	Change Addi
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - SI - ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6. 1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth

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 is an angel. or on an estack-medit with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-336-1328 LAURIE B. HOY