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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000022704 (7)**

L AND M SEAMLESS GUTTERS, INC.

FILED

Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1130 S.W. ALCANTARRA BLVD. 1130 S.W. ALCANTARRA BLVD. PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0573500 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zipi Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 HOY, LAURIE B 1130 S.W. ALCANTARRA BLVD. Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34953 City Zip Code 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 agont and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE HOY, LAURIE B NAME 12 NAME 1130 S.W. ALCANTARRA BLVD. STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 34953 CITY-ST-2IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HOY, MICHAEL A 2.2 NAME 1130 S.W. ALCANTARRA BLVD. STREET ADDRESS 2.3 STREET ADDRESS PORT ST LUCIE FL 34953 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME MALE 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADORESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 trustate 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 or an attachment with an address.

SIGNATURE:

561.336.1328