FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JAN 17 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003252

1. Corporation Name
United Roofing Contractors, Inc.

Principal Place of Business	Mailing Address
4787 Concordia Lane Boynton Beach FL 33436	4787 Concordia Ln. Boynton Bch FL 33436

3. Date Incorporated or Qualified: 01-29-1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1399 S.W. 30th AVE	26 1399 S.W. 30th AVE
Suite, Apt. #, etc 22 Suite 8	Suite, Apt. #, etc 27 Suite 8
City & State 23 Boynton Bch FL	City & State 28 Boynton Bch FL
Zip / Country 24 33426 / 25	Zip / Country 29 33436 / 30

4. FEI Number: 65-0683648 — ☐ 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	10. Name and Address of New Registered Agent
Peter J. Malecki 500 S. Australian Avenue Clear Lake Plaza, Suite 800 West Palm Beach, FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 000002061930--0 -01/17/97--01062--015 *****68.75 *****68.75 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D/P/S/T ☐ Change ☒ Addition
NAME	Saucier, Jeffery P.	1.2 NAME	Bigelow, Charles
STREET ADDRESS	4787 Concordia Lane	1.3 STREET ADDRESS	1399 S.W. 30th Ave Suite 8
CITY-ST-ZIP	Boynton Bch FL 33436	1.4 CITY-ST-ZIP	Boynton Bch, FL 33460
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	000002061930--0
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-01/17/97--01062--016 *****61.25 *****61.25
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	000002061930--0
STREET ADDRESS		3.3 STREET ADDRESS	-01/17/97--01062--017
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****35.00 *****35.00
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	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JBI-17-97
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 added, by an amendment with an address.

SIGNATURE: _____ Charles Bigelow 561-375-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #