1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000039002

1. Corporation Name

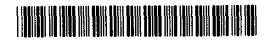
ACCURATE ROOF CONSULTANTS, INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90086 021 ***150.00



00339 P U.S. 19 N. 30339 P U.S. 19 N. CLEARWATER FL 33761			DO NOT WRI	TE IN THIS	SPACE								
								Incorporated or Qualifed 25/1993					
2 Principal Pi	ace of Rusiness	2a	. Mailing Address				4. FEI I				Appli	ed For	
							59-3188698			Not Applicable			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			•							\$8.75 Additional			
22							ifcate of Status Desired	Fee	Fee Required				
City & State	<u> </u>						6. Election Campaign Financing				\$5.00 May Be		
23					Trust Fund Contribution					Added to Fees			
Zip	Country	1-0,	Zip Coun				8. This	ingible					
24	25 29 30			30	ountry 8. This corporation owes the current year Intangible Personal Property Tax.]No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								
				8	11	Name							
SIPLE, DAVID H				-	_	Ot		Lou Niverbor in Not Apports	shio)				
30339 P U.S. 19 N.				6	2	Street Address (P.O. Box Number is Not Acceptable)							
CLEARWATER FL 34621			8	13									
				8	4	City			FI	85 Z	ip Co	de	
44 0	to the annuicions of Sections 607 0502	and 6	SO7 1509 Florida Statutes	the abo	1	-named co	rnoration sub	mits this statement for the		changing	its re	aistered	
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 applicable (NOTF: F	Registered A	gent	t signature reg	ired when reinstati	ng)	DATE				
12.	OFFICERS AND		.,	13.				TIONS/CHANGES TO OF	FICERS AN	D DIREC	TOR	S IN 12	
TITLE	PS		☐ DELETE	1.1 TITLE	E					Chan		Addition	
NAME	SIPLE, DAVID H			1.2 NAM	Ε							1	
STREET ADDRESS	30339 P U.S. 19 N.					ADDRESS							
	CLEARWATER FL 34621-1039			1.4 CITY		1							
CITY-ST-ZIP TITLE	VI		☐ DELETE	2.1 TITL	_	-211				Chan	ge	☐ Addition	
l .	**			2.2 NAM		•					•	_	
NAME	SIPLE, MARGARITA J					1 PPD PC00							
STREET ADDRESS	ADDITION OF THE PARTY OF THE PA			2.3 STREET ADDRESS									
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NAME				4.2 NAM	Æ								
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TITLE			☐ DELETE	6.1 TITLE	Ē					☐ Chan	ge	Addition	
NAME				6.2 NAM	E								
	<u> </u>			I.		ADDRESS						}	
STREET ADDRESS	,			6.4 CITY								1	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: