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 # **590761** **(3)**

1. Corporation Name

RGS ROOFING COMPANY, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 207 JAY FL 32565	ROUTE 1. BOX 207 JAY FL 32565

3. Date Incorporated or Qualified: **10/23/1978**

3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business	2a. Mailing Address
21 5915 Golden Church Rd.	26 5915 Golden Church Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JAY, Florida	City & State 28 JAY, Florida
Zip 24 32565	Zip 29 32565
Country 25 Santa Rosa	Country 30 Santa Rosa

4. FEI Number: **63-0759631** ☐ 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

STRICKLAND, RUBY
RT 1 BOX 207
JAY FL 32565

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 _____ DATE _____

Signature, typed or printed name of registered agent, and title if applicable — For Florida Registered Agent (typed or printed name of individual)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, RUBY		1.2 NAME	
STREET ADDRESS	RT. 1 BOX 207		1.3 STREET ADDRESS	
CITY-ST-ZIP	JAY, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND LEM		2.2 NAME	
STREET ADDRESS	RT. 1 BOX 207		2.3 STREET ADDRESS	
CITY-ST-ZIP	JAY, FL 00000		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, FRANCES D		3.2 NAME	
STREET ADDRESS	RT 1 BOX 207		3.3 STREET ADDRESS	
CITY-ST-ZIP	JAY FL		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	
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	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Ruby G. Strickland - (Ruby G. Strickland) 4-15-96 — 904-675-4174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)