FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)656111 METCALF ROOFING, INC. Principal Place of Business Mailing Address 6502 NW 66 WAY 6502 NW 66 WAY 6503 N.W. 66TH WAY 6503 N.W. 66TH WAY DO NOT WRITE IN THIS SPACE PARKLAND FL 33067 PARKLAND FL 33067 3. Date Incorporated or Qualified 02/18/1980 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2020003 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. □ No 24 25 29 Name and Address of New Registered Agent Name and Address of Current Registered Agent METCALF, JOHN T. 6502 NW 66 WAY 82 Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 83 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 famillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VD Metca It, Mc Tura Change DELETE TITLE 1.1 TITLE NAME METCALF, MELVIN 1.2 NAME CR2E034 200 SW 32ND AVE. 1.3 STREET ADDRESS STREET ADORESS DEERFIELD BCH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE METCALF, DANNY NAME 2.2 NAME STREET ADDRESS 200 SW 32ND AVE. 2.3 STREET ADDRESS DEERFIELD BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME METCALF, JOHN T. 2230 NW 40TH TERR. 3.3 STREET ADDRESS STREET ADDRESS 3 306, COCONUT CREEK FL 3.4. CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE ☐ DELETE ☐ Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DEFE Addition Change TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. 95412495840

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME