FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F74582** **(0)**

1. Corporation Name
ROOF LEAK DETECTION COMPANY, INC.

Principal Place of Business	Mailing Address
% THEODORE MCCONELL STE 207, 2562 NO GARDEN DRIVE BLDG 10 LAKE WORTH FL 33461	POST OFFICE BOX 5628 STE 207, 2562 NO GARDEN DRIVE BLDG 10 LAKE WORTH FL 33461 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Katherine C. Thomas
22 Suite, Apt. #, etc.: 1125 11 th Way
23 City & State: West Palm Beach, FL
24 Zip: 33407 25 Country: P. B.

2a. Mailing Address
26 P. O. Box 5628
27 Suite, Apt. #, etc.:
28 City & State: Lake Worth, FL
29 Zip: 33466 30 Country: P.B.

4. FEI Number: 59-2192061 ☐ 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

MCCONNELL, ELSIE
STE 207, 2562 N. GARDEN DRIVE BLDG. 10
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: Thomas, Katherine Cleary
82 Street Address (P.O. Box Number is Not Acceptable): 1125 11th Way
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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: Katherine Cleary Thomas, President — 03/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MCCONNELL, THEODORE	1.2 NAME	Katherine Cleary Thomas	
STREET ADDRESS	#207, 2562 NO GARDEN DR	1.3 STREET ADDRESS	1125 11 th Way	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	W.P.B., FL 33407	
TITLE	PS	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	MCCONNELL, ELSIE	2.2 NAME	Steven M. Thomas	
STREET ADDRESS	#207, 2562 NO GARDEN DR	2.3 STREET ADDRESS	1125 11th Way	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	W.P.B. FL 33407	
TITLE	D	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	COOK, CAROL	3.2 NAME	Elsie Mc Connell	
STREET ADDRESS	20 SUGAR KNOLL	3.3 STREET ADDRESS	2721 N. Garden Drive, Apt. 111	
CITY-ST-ZIP	DEVON PA	3.4 CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	V	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	THOMAS, STEVEN M.	4.2 NAME	Theodore Mc Connell	
STREET ADDRESS	1125 11TH WAY	4.3 STREET ADDRESS	2721 N. Garden Drive, Apt.111	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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.

SIGNATURE: Katherine Cleary Thomas — 03/30/95 — (407)439-0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043A01 FP