## 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

24 33460

22

DOCUMENT # F74582

(0)

ROOF LEAK DETECTION COMPANY, INC.

| FILED |     |        |         |  |  |
|-------|-----|--------|---------|--|--|
| Apr   | 11  | 1997   | 8:00am  |  |  |
| Sec   | cre | tary o | f State |  |  |

| Principal Place of Business   | Mailing Address                           |   |  |  |
|---|---|---|--|--|
| C/O THOMAS. KATHERINE. C P O BOX 5628 1125 11TH WAY STE 207. 2562 NO GARDEN DRIVE BLD WEST PALM BEACH FL 33407 LAKE WORTH FL 33466-5628                     |   | •   |  |  |
| US  | US  |   |  | 3a. Date of Last Report 05/01/1996                                 |
| 2. Principal Place of Business  | 2a. Maiting Address                       |   | 04/01/1982<br>4. FEI Number  | Applied For  |
| 1813 N Palmway  | 26 P.O. 1672                              |   | 59-2192061   | Not Applicable   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                       |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                                     |
| City & State  23 Lake Worth, F1   | City & State 28 Lake Worth                | , F1  | Election Campaign Financing     Trust Fund Contribution                                  | \$5.00 May Be Added to Fees  |
| Zip Country<br>24 33460 25 USA  | Zip<br>29 33460 30                        | Country<br>USA  | 8. This corporation has liability for in Florida Statutes                                | ntangible tax under s. 199.032,<br>Yes No                          |
| 9. Name and Address of Cu   | irrent Registered Agent                   |   | 10. Name and Address of New Re   | pistered Agent   |
| THOMAS, KATHERINE C   |   | 81 Name   |  |  |
| 1125 11TH WAY<br>WEST PALM BEACH FL 33407   |   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
| V, <b></b>  |   | 83  |  |  |
|   |   | 84 City   |  | EL 85 Zip Code   |
| <ol> <li>Pursuant to the provisions of Sections 607<br/>office or registered agent, or both, in the Sagent, 1 am familiar with, and accept the c</li> </ol> | State of Florida. Such change was auth    | horized by the corpor                                 | rporation submits this statement for the p<br>ation's board of directors. I hereby accep | urpose of changing its registered it the appointment as registered |
| SIGNATURE Signature hyped or printed name of registers  | xt agent and title if applicable (NOTE: B | legistered Agent signature req                        | ulrad when rainslating)  | DATE   |
| 12. OFFICERS  | AND DIRECTORS                             | 13.   | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12  |
| THLE P  | ☐ DELETE                                  | 1.1 TITLE   | President  | ERS AND DIRECTORS IN 12  Change Addition                           |

| ū               |  |                               |   |  |  |
|-----------------|--|-------------------------------|---|--|--|
| SIGNATURE       | Signature typed or printed name of registered agent and title if applicable (NOT | E: Registered Agent signature | required when reinstating) DATE                   |  |  |
| 12.             | OFFICERS AND DIRECTORS   | 13.                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| THLE            | P DELETE   | 1.1 TITLE                     | President x Change Addition                       |  |  |
| NAME            | THOMAS, KATHERINE C  | 1.2 NAME                      | Thomas, Katherine                                 |  |  |
| STREET ADDRESS  | 1125 11TH WAY  | 1.3 STREET ADDRESS            | 1813 N. Palmway                                   |  |  |
| CITY-S1-ZIP     | WEST PALM BEACH FL   | 1.4 CITY-ST-ZIP               | Lake Worth, F1 33460                              |  |  |
| TOLE            | VP ☐ DELETE  | 2.1 TITLE                     | VP by Change L. Addition                          |  |  |
| NAME            | THOMAS, STEVEN M   | 2.2 NAME                      | Thomas, Steven M                                  |  |  |
| STREET ADDRESS  | 1125 11TH WAY  | 2.3 STREET ADDRESS            | 1813 N. Palmway                                   |  |  |
| CHY-S1-7IP      | WEST PALM BEACH FL   | 2. 4 CITY+ST-ZIP              | Lake Worth, F1 33460                              |  |  |
| 101.E           | \$ DELETE  | 3.1 TITLE                     | Change Addition                                   |  |  |
| NAME            | MCCONNELL, ELSIE   | 3.2 NAME                      |   |  |  |
| STREET ADDRESS  | 2721 N GARDEN DRIVE, APT. 111  | 3.3 STREET ADDRESS            |   |  |  |
| CITY - S1 - ZIP | LAKE WORTH FL  | 3.4 CITY-ST-ZIP               |   |  |  |
| TIFLE           | D DELETE   | 4.1 TITLE                     | ☐ Change ☐ Addition                               |  |  |
| NAME            | MCCONNELL, THEODORE  | 4. 2 NAME                     |   |  |  |
| STREET ADDRESS  | 2721 N GARDEN DRIVE, APT. 111  | 4.3 STREET ADDRESS            |   |  |  |
| CITY - ST - ZIP | LAKE WORTH FL  | 4.4 CITY-ST-ZIP               |   |  |  |
| TOLE            | 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            |   |  |  |
| CHY+ST-ZIP      |  | 6.4 CITY-ST-ZIP               | · ·   |  |  |

14. I do hereby certify that the information supplied with this filling 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.

Katherine C. Thomas 3/21/97

561-439-0684

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine C. Thomas 3/21/97

561-439-0684 Daytime Phone #