FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jan 27 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State PORPORATIONS 1997 /*-2*7 DOCUMENT # **G57738** B & L ROOFING, INC. Mailing Address Principa: Place of Business 1010 SW 124 WAY 1010 SW 124 WAY DAVIE FL 33325 DAVIE FL 33325-5549 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1983 04/02/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2316992 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip This corporation has liability for intangible tax under s. 199.032, Zio Country Yes 🔲 No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUNTON, LARRY VICTOR 1010 SW 124 WAY Street Address (P.O. Box Number is Not Acceptable) 82 DÅVIE FL 33325 83 Zip Code 84 City 85 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 (NOTE Registered Agent signature required when reinstating) Stgrature Typed or ports, traine of registered agent and title Capplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13, 12. Change Addition DELETE TITLE 1.1 TITLE HUNTON, LARRY VICTOR 1.2 NAME NAME 1010 SW 124 WAY 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY-ST-7IP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TIPLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$1-7/P DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7-P ☐ Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ACORESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET AUDRESS 6.4 CITY - ST - ZIP

305-948-0856

appears in Block 12 or Block 13 if

SIGNATURE:

14. I do 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 suppliemental 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