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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G85211** (2)  
1. Corporation Name  
**LOWERY'S ROOFING CONTRACTORS, INC.**

Principal Place of Business Mailing Address  
**C/O JAMES S. LOWERY** **C/O JAMES S. LOWERY**  
**7005 TRAMMEL DRIVE** **7005 TRAMMEL DRIVE**  
**MILTON FL 32570** **MILTON FL 32570**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified  
**02/17/1984**  
4. FEI Number **59-2404997** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**LOWERY, JAMES S.**  
**7005 TRAMMEL DR**  
**MILTON FL 32570**

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 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.

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE **PD** ☐ DELETE  
1.2 NAME **LOWERY, JAMES S.**  
1.3 STREET ADDRESS **7005 TRAMMEL DR**  
1.4 CITY-ST-ZIP **MILTON FL**  
2.1 TITLE **STD** ☐ DELETE  
2.2 NAME **LOWERY, DEBRA ANN**  
2.3 STREET ADDRESS **7005 TRAMMEL DR**  
2.4 CITY-ST-ZIP **MILTON FL**  
3.1 TITLE ☐ DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ DELETE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 ☐ Change ☐ Addition  
1.2 ☐ Change ☐ Addition  
1.3 ☐ Change ☐ Addition  
1.4 ☐ Change ☐ Addition  
2.1 ☐ Change ☐ Addition  
2.2 ☐ Change ☐ Addition  
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5.4 ☐ Change ☐ Addition  
6.1 ☐ Change ☐ Addition  
6.2 ☐ Change ☐ Addition  
6.3 ☐ Change ☐ Addition  
6.4 ☐ Change ☐ Addition

14. I 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 supplemental annual report is true and accurate as of the date of filing. 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.

*Debbie Lowery*

CR2E034 (10/97)