FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of Sieze DIVISION OF CORPORATIONS

DOCUMENT # H04447

(9)

ALTEC ROOFING, INC.												
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Principal Place of Business Mailing Address										9) 9(91) 9 (9)(6:41: 4:40: AIA:	
150 TONEY PENNA DR. 150 TONEY PENNA DR.												
P.O. BOX 664 P.O. BOX 664 P.O. BOX 664									DO NOT WRITE	E IN THIS	SPACE	
JUPITER FL 33458 JUPITER FL 33458									3. Date Incorporated or Qualified			
									05/21/1984			
2. Principal P	Place of Busin	ness	26.	2a. Mailing Address					4. FEI Number		Ar	oplied For
21			26	26					59-2406401		· · · · · · · · · · · · · · · ·	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt #, etc.					1		\$8.75	Additional
22			27	27					Certificate of Status Desired			equired
City & Stat	te			City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution		Added	to Fees
⊢ Zip	Country			Zip Country			У		8. This corporation owes or has pa	_		_ ~
24		25 29 30 29. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes					J No	
			urrent Hegiste	ered Agent		81	Name		10. Name and Address of New Ro	gistered	Agent	<u>-</u>
MILLET, WALTER J.						10'	Name	,				
	O TONEY P			82	Street	Addre	ddress (P.O. Box Number is Not Acceptable)					
JUPITER FL 33458						83						
						03	<u> </u>					
•						84	City			FL	85 Zip	Code
												ts registered
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 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 reagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.										registered		
SIGNATURE	William Francis	For printed name of register		Ar de la companya de	ou b				d when reinstating)	DATE		
12.	Signature typics		S AND DIRECT		13.	io Age	eni signatur	re required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	29 INI 12
TOTLE	PD			DELETE	1.1 7	ITLE		T	7.5511010/517.11025 70 0111	3211071112	Change	☐ Addition
NAME	1	WALTER J.		1.2		1.2 NAME					_ •	
STREET ADDRESS				1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP	JUPITER FL						1.4 CITY - ST - ZIP					
TITLE				DELETE	2.1 T		51 EII				Change	Addition
NAME					22 N	IAME					•	
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NAME	Ì				3.2 N	IAMÉ						
STREET ADDRESS					3.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	1				3.4. (CITY-:	ST-ZIP					
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NAME					4.21	NAME						
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NAME					5.2 N	AME]
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CITY-ST-ZIP							ST-ZIP					1
TITLE	Ī			DELETE	6.1 T			1			Change	☐ Addition
NAME					6.2 N	AME						
STREET ADDRESS	1				6.3 S	TREET	T ADDRESS	1				

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 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 qui annual report with an address, and the corporation of the cor

SIGNATURE:

FILED

Feb 27 1998 8:00am

Secretary of State