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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H74045

(6)

PILCHER ROOFING, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address	Mailing Address			
5360 MCINTOSH POINT SUITE 122		P.O. BOX 520177 LONGWOOD FL 32759				
SANFORD FL 32773					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address			09/03/1985 4. FEI Number Applied For	\dashv
21		26			59-2595219 Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired Fee Required	- 1
City & State		Cily & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	-n - hn		8. This corporation owes or has paid the current year Intangible	
24	25 29 30 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
DAI		r negistered wgent		81 Name	10. Name and Address of New Registered Agent	\dashv
Barnes, Steve A. 1900 S, Park Avenue				- Italiic		
			82 Street A	Address (P.O. Box Number is Not Acceptable)	\neg	
J 374	NFORD FL 32771		ŀ	83	76776	\dashv
			ļ			
				84 City	FL 85 Zip Code	- 1
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	iuthorized	i by the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered	be
SIGNATURE	Termini with, and docest the congr	tilona vit section oor soos, the	aida Sian	ues.		
SIGNATORE	Signature, typed or printed name of registered age	of and title if applicable (NOTE	Registered	Agent signature re	required when reinstating) DATE	-
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	L_J DELETE	1.1 TiT	LE	Change Addit	ion 3
NAME BARNES, STEVE II			1.2 NA	ME		- 12
STREET ADDRESS 205 POINSETTA DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL	TT SELECT		Y-ST-ZIP		}
TITLE	PARALLO OTELE	DEFELE	2.1 117		Change Addit	ion
NAME			2.2 NA			1
STREET ADDRESS 1900 S. PARK AVENUE SANFORD FL				REET ADDRESS	9	
CITY-ST-ZIP TITLE	Ab		TY-ST-ZIP	Change Addit	ion	
NAME	BARNES, ANN	Dittile	3.1 TIT 3.2 NA		Change C Addit	ווטו
STREET ADDRESS	1900 S. PARK AVENUE			REET ADDRESS		
CITY-ST-ZIP	SANFORD FL	MICORO CI		Y-ST-ZIP		
TITLE	ST	DELETE	4,1 TIT		Change Addit	ion
NAME	BARNES, JOHN		4.2 NA		the control of the co	
STREET ADDRESS	FAR DEDOUTE DOAD			REET ADDRESS		
CITY-ST-ZIP	OSTEEN FL			Y-ST-ZIP		
TITLE	VP	DELETE	5.1 TIT		☐ Change ☐ Addit	ion
NAME	BARNES, CYNTHIA		5.2 NA	VIE		
STREET ADDRESS	1900 S. PARK AVENUE		5.3 S16	ieet address		
CITY-ST-ZIP	SANFORD FL		5 4 CII	Y-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TIT	.E	☐ Change ☐ Addit	on
NAME	BARNES, RICHARD D.		6.2 NA	ME		
STREET ADDRESS	1900 S. PARK AVENUE		6.3 STF	EET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771			Y - ST - ZIP		
94 bereby o	portify that the information curvating wi	the thin filing along not amplify for	the eve		t in Section 110 07/2\(\text{i})\) Elevido Statutos I fudher certifu that the information	1

14. Thereby 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 logal 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 or ay attachment with an address.