SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J31103** **(1)**

1. Corporation Name

ROOFS, STRUCTURES & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2350 - 34TH STREET, NORTH SUITE 140 ST. PETERSBURG FL 33713	2350 - 34TH STREET, NORTH SUITE 140 ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: **09/01/1986**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-2844245** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MELTZER, GORDON H.
2350 - 34TH STREET, NORTH
SUITE 140
ST. PETERSBURG FL 33713

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 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 _____ (Florida Registered Agent's signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change ☒ Addition ☐
TITLE	PST		11 TITLE	Pst	
NAME	MELTZER, IVONE P		12 NAME	Meltzer, Ivone P.	
STREET ADDRESS	2717 HAVERHILL COURT		13 STREET ADDRESS	859 180th Ave	
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP	Redington Shores, FL 33708	
TITLE	VPD	☐	21 TITLE	VPD	Change ☒ Addition ☐
NAME	MELTZER, GORDON H.		22 NAME	Meltzer, Gordon H.	
STREET ADDRESS	2717 HAVERHILL COURT		23 STREET ADDRESS	859 180th Ave	
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP	Redington Shores FL 33708	
TITLE		☐	31 TITLE		Change ☐ Addition ☐
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐	41 TITLE		Change ☐ Addition ☐
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐	51 TITLE		Change ☐ Addition ☐
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐	61 TITLE		Change ☐ Addition ☐
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ivone Pereira Meltzer 6/10/96 813-323-6983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR