

FILED  
Apr 02 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # J44509 (4)**  
**1. Corporation Name**  
**DIVISION 7 ROOFING AND SHEET METAL, INC.**

|   |   |
|---|---|
| Principal Place of Business                       | Mailing Address                                   |
| 229 NORTH ORCHARD STREET<br>ORMOND BEACH FL 32174 | 229 NORTH ORCHARD STREET<br>ORMOND BEACH FL 32174 |

|                                |                                     |                     |                                      |
|--------------------------------|-------------------------------------|---------------------|--------------------------------------|
| 2. Principal Place of Business |                                     | 2a. Mailing Address |                                      |
| 21                             | 515 LPGA Blvd<br>Suite, Apt. #, etc | 26                  | 515 LPGA Blvd<br>Suite, Apt. #, etc. |
| 22                             |                                     | 27                  |                                      |
| City & State                   |                                     | City & State        |                                      |
| 23                             | Holly Hill FL                       | 28                  | Holly Hill FL                        |
| Zip                            | Country                             | Zip                 | Country                              |
| 24                             | 32117                               | 25                  | Volusia                              |
| 29                             | 32117                               | 30                  | Volusia                              |

|  |  |                          |                                |
|--|--|--------------------------|--------------------------------|
| 3. Date Incorporated or Qualified  |  | 12/01/1986               |                                |
| 4. FEI Number  |  | 59-2742898               |                                |
|  |  | Applied For              | Not Applicable                 |
| 5. Certificate of Status Desired   |  | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution   |  | <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                          |                                |

| 9. Name and Address of Current Registered Agent |   | 10. Name and Address of New Registered Agent |             |
|---|---|--|-------------|
| SIPES, ROBERT H                                 | 81 Name   |  |             |
| 829 NORTH ORCHARD STREET                        | 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |
| ORLANDO BEACH FL 32174                          | 83  |  |             |
| 515 LPGA Blvd                                   | 84 City   | FL   | 85 Zip Code |
| Holly Hill, FL 32117                            |   |  |             |

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIPIES, ROBERT H.                   | 1.2 NAME  |   |
| STREET ADDRESS             | 1833 SPRUCE CREEK BLVD E            | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAYTONA BEACH FL                    | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SIPIES, SYLVIA G.                   | 2.2 NAME  |   |
| STREET ADDRESS             | 1833 SPRUCE CREEK BLVD. E           | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAYTONA BCH. FL                     | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                     | 6.4 CITY - ST - ZIP                                   |   |

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 on an attachment with an address.

**SIGNATURE:**

Andria, Anna, Sylvia, Simon

1-508

904-252-3377

CR2E034 (10/97)