FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95022 (6)

1. Corporate Name

ALBERT PINAMONTI ROOFING CONTRACTOR, INC.

Principal Place of Business	Mailing Address
18395 GULF BLVD SUITE 103 INDIAN SHORES FL 34635	18395 GULF BLVD SUITE 103 INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1987

3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2850325 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for estimated tax under S. 220.222, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PINAMONTI, ALBERT ~~2304 GULF BLVD~~ ~~SUITE 304~~ ~~INDIAN ROCKS BEACH FL 34635~~ 647 Ponce de Leon Belleair, FL 34616	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 607.0902 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	☒ Change ☐ Addition
12 NAME	PINAMONTI, ALBERT	12 NAME	
13 STREET ADDRESS	~~2304 GULF BLVD,STE 304~~	13 STREET ADDRESS	647 Ponce de Leon
14 CITY ST ZIP	~~INDIAN ROCKS BCH FL~~	14 CITY ST ZIP	Belleair, FL 34616
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	PINAMONTI, ALEXANDER	22 NAME	
23 STREET ADDRESS	3488 BEGONIA PL	23 STREET ADDRESS	
24 CITY ST ZIP	LARGO FL	24 CITY ST ZIP	
31 TITLE	V	31 TITLE	☐ Change ☐ Addition
32 NAME	PINAMONTI, BRIAN	32 NAME	
33 STREET ADDRESS	8020 ABERDEEN CIRCLE	33 STREET ADDRESS	
34 CITY ST ZIP	LARGO FL	34 CITY ST ZIP	
41 TITLE	ST	41 TITLE	☒ Change ☐ Addition
42 NAME	PINAMONTI, DEBRA	42 NAME	
43 STREET ADDRESS	~~2304 GULF BLVD, #304~~	43 STREET ADDRESS	647 Ponce de Leon
44 CITY ST ZIP	~~INDIAN ROCKS BCH FL~~	44 CITY ST ZIP	Belleair, FL 34616
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I declare(d), that the information supplied with this report is voluntarily furnished and 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 11 or Block 12 if changed or added to the report.

SIGNATURE: [signature] 5/1/95 (813)595-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0370810 CP