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

May 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE 🌱 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of Si DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # (9)K01088 JOE C. PIERCE ROOFING, INC. Principal Place of Business Mailing Address 5203 SEMINOLE BLVD. 5203 SEMINOLE BLVD. ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1987 2. Principal Place of Business 2a, Mailing Address 26 P.O. BOX 41133 4, FEI Number Applied For 59-2864820 Not Applicable Suite, Apt. #, etc. Scan I wol \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30 ☐ No 24 Name and Address of New Registered Agent PIERCE, JOE C. 5203 SEMINOLE BLVD. ST. PETERSBURG FL 33708 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo inctors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of diagent. I am familiar with, and accept the obligations of, Section 927 1505, Florida Statutes 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE PIERCE, JOE C. 1.2 NAME 5203 SEMINOLE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33708 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee.

FILED

- > 10-98- (813) 393-5768