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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K40266

GUSTAFSON ROOFING, INC.

Principal Place of Business	Mailing Address
PO BOX 832	PO BOX 832
BOYNTON BEACH FL 33425	BOYNTON BEACH FL

FILED Feb 04 1998 8:00am Secretary of State



33425 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0128649 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζiρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 RR 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** Signature, typed or printed nature of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE D 1.1 TITLE GUSTAFSON, MICHAEL J. NAME 1.2 NAME 716 SE FIRST ST STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIF 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this firing 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 supplier could appear the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or rustee 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

1/2 A/AA