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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75675

(4)

INTERSTATE ROOFING SERVICE, INC.

Mailing Address 1899 KENTUCKY AVE

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business 1899 KENTUCKY AVENUE WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789-4528 3. Date Incorporated or Qualified 03/27/1989 2. Principal Place of Business 28. Mailing Address Applied For 26 59-2940256 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAMPE, JOSEPH W. 866 BUTTONWOOD LN. 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 84 City **65** Zip Code FL 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE LAMPE, JOSEPH W NAME 1.2 NAME 886 BUTTONWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-2IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 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 CHTY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 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 of the receiver or 10 stee 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, of an attag timenty with an address.

4-18-98