CAPITAL CONNECTION 850 222 1222 04/30 '98 13:16 NO.065 02/03

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98 MAY -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # K90497

1. Corporation Name

HAWKEYE ROOFING, INC.

Principal Place of Business	Mailing Address
1902 Elsa Street Naples, FL 34109	P.O. Box 420033 Naples, FL 34110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1989

4. FEI Number: 65-0123187 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

Henry P. Johnson, Esq.
Law Offices of Henry Paul Johnson
6736 Lone Oak Boulevard
Naples, Florida 34109

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	JENNESS, LEROY A.	1.2 NAME 500002514455--5
STREET ADDRESS	1902 Elsa Street	1.3 STREET ADDRESS -05/07/98--01003--008
CITY-ST-ZIP	Naples, Florida 34109	1.4 CITY-ST-ZIP ****300.00 ****150.00
TITLE	V ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	REYES, EDMUNDO	2.2 NAME
STREET ADDRESS	1902 Elsa Street	2.3 STREET ADDRESS
CITY-ST-ZIP	Naples, FL 34109	2.4 CITY-ST-ZIP
TITLE	V ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	OLVERA, FIDEL	3.2 NAME
STREET ADDRESS	1902 Elsa Street	3.3 STREET ADDRESS
CITY-ST-ZIP	Naples, FL 34109	3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP A. Alger
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME 5/4/98
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: [signature] 4-30-98 941-597-9252

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

Leroy A. Jenness, President