FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L41732 (3)

1. Corporation Name
RICK CARROLL'S ROOFING, INC.

Principal Place of Business	Mailing Address
333 E. HIGHBANKS RD. #23 DEBARY FL 32713	333 E. HIGHBANKS RD. #23 DEBARY FL 32713

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business: 21 3535 Robert Goddard Ave
Suite, Apt. #, etc.: 22
City & State: 23 Deltona, FL
Zip: 24 32738 Country: 25

2a. Mailing Address: 26 P.O. Box 390116
Suite, Apt. #, etc.: 27
City & State: 28 Deltona FL
Zip: 29 32739-0116 Country: 30

4. FEI Number: 59-2982930 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

STOVER, JOSEPH L.
4310 MCCORVEY ROAD
DELAND FL 32724

10. **Name and Address of New Registered Agent**

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 607.0502 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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE	DPST ☑ Change ☐ Addition
NAME	CARROLL, RICK		1.2 NAME	CARROLL, RICK
STREET ADDRESS	210 CORONADO RD.		1.3 STREET ADDRESS	~~P.O. Box 390116~~ 3535 Robert Goddard Ave
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP	~~Deltona, FL 32739-0116~~ Deltona, FL 32738
TITLE	V	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, TIMOTHY R		2.2 NAME	
STREET ADDRESS	500 HARRISON		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	ST ☑ Change ☐ Addition
NAME	GOFF, VICKI		3.2 NAME	CARROLL, VICKI
STREET ADDRESS	230 C WHISPERING OAKS		3.3 STREET ADDRESS	~~P.O. Box 390116~~ 3535 Robert Goddard Ave
CITY-ST-ZIP	ORANGE CITY FL 32763		3.4 CITY-ST-ZIP	~~Deltona, FL 32739-0116~~ Deltona, FL 32738
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	800001862078
STREET ADDRESS			5.3 STREET ADDRESS	-06/14/96--01034--007
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6/13 J2
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Rick Carroll — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-5-96 Date X 407-328-8028 Daytime Phone #

CR2E034 (12/95)