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

Feb 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # L41732** (3) RICK CARROLL'S ROOFING, INC. Principal Place of Business Mailing Address 3535 ROBERT GODDARD AVE. PO BOX 390116 **DELTONA FL 32738 DELTONA FL 32739-0116** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1990 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-2982930 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STOVER, JOSEPH L 4310 MCCORVEY ROAD Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32724** City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, 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** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change \_\_\_ Addition TITLE 1.1 TITLE CARROLL, RICK 1.2 NAME NAME 3535 ROBERT GODDARD AVE. STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CARROLL, VICKI 2.2 NAM NAME 3535 ROBERT GODDARD AVE. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP 🔲 DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change ☐ Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 or the receiver or trusted 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 attactionent with an adolpss.

2.18.98

407-328-8028

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