SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:48

DOCUMENT # L44714 (8)

1. Corporation Name

PROFESSIONAL ROOFING CONSULTANTS, INCORPORATED

Principal Place of Business	Mailing Address
C/O JANICE F. HUERTAS 4702 W. BUFFALO AVENUE TAMPA FL 33614	C/O JANICE F. HUERTAS 4702 W. BUFFALO AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2993497 ☐ 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

HUERTAS, EDWIN
4702 W BUFFALO AVE
TAMPA FL 33614

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 [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARONI, ROBERT
STREET ADDRESS	1117 LAKEMONT DR.
CITY ST ZIP	VALRICO FL
TITLE	D
NAME	HUERTAS, EDWIN
STREET ADDRESS	2512 REGAL OAKS LANE
CITY ST ZIP	LUTZ FL
TITLE	D
NAME	PORTER, GEORGE A. JR.
STREET ADDRESS	3006 W. PARIS
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Delete Robert J. Baroni as Director and Stockholder	☒ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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)(a), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)