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 # **L44964** **(9)**

1. Corporation Name

CENTRAL STATE ROOFING, INC.

Principal Place of Business
610 S. Laurel Ave.
~~7050 S. FRENCH AVE~~
~~SUITE 101~~
SANFORD FL 32771
US

Mailing Address
610 S. Laurel Avenue
~~7050 S. FRENCH AVE~~
~~SUITE 101~~
SANFORD FL 32771
US

2. Principal Place of Business
610 S. Laurel Ave.
25 ~~7050 S. French Avenue~~
Suite, Apt. #, etc.
22
City & State
23 Sanford, FL
Zip
24 32771
Country
25 Seminole

2a. Mailing Address
610 S. Laurel Ave.
26 ~~7050 S. French Avenue~~
Suite, Apt. #, etc.
27
City & State
28 Sanford, FL
Zip
29 32771
Country
30 Seminole

3. Date Incorporated or Qualified
01/22/1990

3a. Date of Last Report
04/13/1995

4. FEI Number
59-3044176
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

PICKRON, WARREN E
~~700 LOIS AVE~~ ~~700 Lois Avenue~~
~~DELTONA FL 32738~~ 610 S. Laurel Ave.
Sanford, FL 32771

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 607.0505 and 607.1908, 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

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	PICKRON, WARREN E
STREET ADDRESS	~~700 LOIS AVE~~ 610 S. Laurel Ave.
CITY-ST-ZIP	~~DELTONA FL~~ Sanford, FL 32771
TITLE	ST ☐ DELETE
NAME	PICKRON, HARRIET E
STREET ADDRESS	106 WATER OAK DR.
CITY-ST-ZIP	SANFORD FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is complete, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(ee), 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 added, or deleted with an address.

SIGNATURE: Warren E. Pickron — Jan. 23, 1996 — 407-322-2798

Warren E. Pickron
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone