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

CITY-ST-ZIP

FILED PROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L91864 (3)SCOTTY'S SOFFIT AND SIDING, INC. Principal Place of Business Mailing Address PO BOX 13284 ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33733 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3023859 21 Not Applicable Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zø 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CATALANO, RICHARD T. 4199 34TH STREET SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) BLDG. 8-103, SUITE 6 83 ST. PETERSBURG FL 33711 84 City 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DAVIS, SCOTT A NAME 1.2 NAME **330 42 AVE SOUTH** 1.3 STREET ADDRESS STREET ADDRESS **ST PETERSBURG FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 2.1 TITLE **D**AVIS, DIANNA E NAME 2.2 NAME **330 42 AVE SOUTH** STREET ADDRESS 2.3 STREET ADDRESS **\$T PETERSBURG FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITUE NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STRIET ADDRESS STREET ADDRESS

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 armuel report or suppliemental 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 receiveryor 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 changes, or on an attaching with an address.

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