FILE NOW: FILING FEE AFTER MAY 1 IS $ 5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTM OF STATE
Sandra B. Mo
Secretary of
DIVISION OF CORP ATIONS

DOCUMENT # **M90727** **(2)**

1. Corporation Name
QUALITY ROOFING SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 520701 1225 BENNETT DR. STE 121 LONGWOOD FL 32752-0701 US	PO BOX 520701 1225 BENNETT DR. STE 121 LONGWOOD FL 32752-0701 US

2. Principal Place of Business: 21 3435 Phillips Hwy
Suite, Apt #, etc.: 22 A302
City & State: 23 Jacksonville FL
Zip: 24 32082 207
Country: 25 USA

2a. Mailing Address: 26 3435 Phi ips Hwy
Suite, Apt #, etc.: 27 A302
City & State: 28 JACKSONVILL FL
Zip: 29 32082 207
Country: 30 USA

3. Date Incorporated or Qualified: 07/18/1988
3a. Date of Last Report: 06/14/1995
4. FEI Number: 59-2903665 — 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**

STEINEMANN, GEORGE BRADLEY
425 DEVON PLACE
HEATHROW FL 32746

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

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 152 Azalea Point Dr S.
83
84 City: Ponte Vedra Beach FL
85 Zip Code: 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a ve 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 th 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

TITLE	**PD**	☐ DELETE
NAME	**STEINEMANN, GEORGE BRADL**	
STREET ADDRESS	**425 DEVON PLACE**	
CITY-ST-ZIP	**HEATHROW FL**	
TITLE	**DST**	☐ DELETE
NAME	**STEINEMANN, CINDY**	
STREET ADDRESS	**425 DEVON PLACE**	
CITY-ST-ZIP	**HEATHROW 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a oes 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 re 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 emp d 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: G Steinemann / Cindy Ste mann — 2/6/96 — 904-399-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI TOR — Date — Daytime Phone #