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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M90727 (2)

1. Corporation Name
QUALITY ROOFING SERVICES, INC.



Principal Place of Business

3435 PHILLIPS HWY
A302
JACKSONVILLE FL 32207
US

Mailing Address

3435 PHILLIPS HWY
A 302
JACKSONVILLE FL 32207-5809
US

3. Date Incorporated or Qualified
07/18/1988

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

21 152 Azulea Point Drive South
Suite, Apt. #, etc.

22 Ponte Vedra Beach,
City & State

23 Florida

24 32082
Zip

Country

25 St. Johns

2a. Mailing Address

26 PO Box 895
Suite, Apt. #, etc.

27 Ponte Vedra Beach
City & State

28 Florida

Zip

29 32004-0895

Country

30 St. Johns

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
3435 PHILLIPS HWY, SUITE A-302
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

George Bradley Steinemann

82 Street Address (P.O. Box Number is Not Acceptable)

152 Azulea Point Drive South

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME STEINEMANN, GEORGE BRAD
STREET ADDRESS 3435 PHILIPS HWY, SUITE A-302
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DST ☒ DELETE
NAME STEINEMANN, CINDY
STREET ADDRESS 3435 PHILIPS HWY, SUITE A-302
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP ☐ DELETE
NAME DRUMMOND, WARREN
STREET ADDRESS 720 N. LAKEMONT AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

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 PD + DST ☒ Change ☒ Addition
1.2 NAME Steinemann George Bradley
1.3 STREET ADDRESS 152 Azulea Point Drive South
1.4 CITY-ST-ZIP Ponte Vedra Beach, FLA 32082

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: George Bradley Steinemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 904-285-9971
Date Daytime Phone #

CR2E034 (9/96)