

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Ch 1235

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M90727**  
1. Corporation Name

**QUALITY ROOFING SERVICES, INC.**

98 SEP -9 PM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>190 Vera Cruz Drive Apt. 131 Ponte Vedra Beach, Fla 32082</b>	Mailing Address <b>PO Box 895 Ponte Vedra Beach, Fla 32004-0895</b>
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3. Date Incorporated or Qualified <b>7-18-1988</b>	
4. FEI Number <b>59-2903665</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>190 Vera Cruz Drive</b> Suite, Apt. #, etc. 22 <b>131</b> City & State 23 <b>Ponte Vedra Beach, Fla</b> Zip Country 24 <b>32082</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>PO Box 895</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ponte Vedra Beach, Fla</b> Zip Country 29 <b>32004-0895</b> 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>STEINEMANN, GEORGE BRADLEY 190 VERA CRUZ DRIVE, SUITE 131 JACKSONVILLE, FLORIDA 32082</b>	
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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 617.0502 and 617.1508, 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 617.0503, 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	<b>President &amp; DST</b> <input type="checkbox"/> DELETE
NAME	<b>George Bradley Steinemann</b>
STREET ADDRESS	<b>190 Vera Cruz Drive, Suite 131</b>
CITY-ST-ZIP	<b>Ponte Vedra Beach, Florida 32082</b> <input type="checkbox"/> DELETE
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>Warren Drummond</b>
STREET ADDRESS	<b>Orange Park, Fla 2821 Mesquite Ave 32065</b>
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>800002637648--5</b>
1.3 STREET ADDRESS	<b>-03/11/98--01083--002</b>
1.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VP</b>
3.3 STREET ADDRESS	<b>David Drummond</b>
3.4 CITY-ST-ZIP	<b>Orange Park, Fla 2821 Mesquite Ave 32065</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brad Steinemann** President/Director 8-24-98 904-285-9971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)