2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P00000098743 1. Entity Name GOODWIN ROOFING COMPANY, INC. 05-12-2001 90021 005 ***150.00 Principal Place of Business Mailing Address 2375 CENTERVILLE RD 2375 CENTERVILLE RD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 COCSOUD 2. Principal Place of Business 3. Mailing Address 1203 Commerical Park Dr. 1203 Commerical Park Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59**-**3678813 <u>Tallahassee</u> <u>Tallahassee.</u> Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32302 32302 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLOVER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2375 CENTERVILLE RD TALLAHASSEE FL 32308 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) SIGNATURE 1 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE President 3-5-2 TITLE NAME James O. Goodwin NAME STREET ADDRESS 1203 Commerical Park Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> Tallahassee, Florida 32302</u> Addition TITLE ☐ Delete 1st Vice President TITLE NAME James M. Goodwin NAME STREET ADDRESS STREET ADDRESS 1203 Commerical Park Drive CITY-ST-7IP CITY-ST-ZIP Tallahassee, Florida 32302 2nd Vice President □ Chan X Addition TITLE ☐ Delete TITLE NAME John A. Goodwin NAME STREET ADDRESS 1203 Commerical Park Drive STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP <u> Tallahasee, Florida 32302</u> TITLE Secretary/Treasurer Delete TITLE NAME Barbara R. Goodwin NAME STREET ADDRESS STREET ADDRESS 1203 Commerical Park Drive CITY-ST-ZIP CITY-ST-ZIP Tallahassee, Florida 32<u>3</u>02 ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

Humy Son James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Goodwin /-28-01

850-531-0573

Daytime Phone #