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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90210 008 ***150.00

DOCUMENT # P28338

ROOFING	S SYSTEMS, INC.								
Principal Place	of Business	Mailing Address)	#11 #1#11 #1#1 1 #11	ht aidii iaa:
% JAMES A. SCONYERS % JAMES A. SCONYERS									
1508 BIG BEAR CIRCLE 1508 BIG BEAR CIRCLE						DO NOT WRITE IN THIS SPACE			
BRIMINGHAM A	L 35215-5140	BRIMINGHAM AL 35215-5140				3. Date Incorporated or Qualifed		-	
						03/02/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				63-0847310		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				o. Continued of States 500x00		Fee Req	uired
City & State	2	City & State				6. Election Campaign Financing	П	\$5.00 N	
23	28			 -		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cur	rent year Int	angible □Yes {	X No
24	25	29 30	1			Personal Property Tax. 10. Name and Address of New	Panietarad		AINO
–	9. Name and Address of Current	Registered Agent		81	Name	To. Name and Address of New	Registered	- Nacint	
PETE	RSEN, JEFFREY								
6452 CAVALCADE TRAIL				82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
TALLAHASSEE FL 32308				83					
IALL	A INOUEL I E ULUUU								
				84	City		FL	85 Zip C	ode
		and 607 1508 Florida Statutos	tho at	2010	named co	rporation submits this statement for the	numose of	changing its r	egistered
_16:+	egistered agent, or both, in the State of mailiar with, and accept the obligat	of Elevida. Such change was allthi	onzea	DV I	he corpora	ation's board of directors. I hereby acce	pt the appoi	ntment as reg	istered }
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE: Rec	gistered .	Agent	signature requ	ired when reinstating)	DATE	 ·	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TIT	LE				Change	Addition
NAME	SCONYERS, JAMES A.	1.21		1.2 NAME					
STREET ADDRESS	•		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 1			Y-ST-	ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	SCONYERS, LYNDA HAUN		2.2 NAME						
STREET ADDRESS	1508 BIG BEAR CIR.		2.3 STRE		ADDRESS	•			
CITY-ST-ZIP	BIRMINGHAM AL		2. 4 CITY		ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE		1			Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-		- ZIP	<u> </u>			Final Address
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4.2 NA						
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT		-ZIP			Channa	☐ Addition
TITLE		☐ DELETE	5.1 TIT					☐ Change	☐ Addition
NAME			5.2 NA	WE	I				1

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-58

205-681-1864

☐ Addition

22E034 (11/98)