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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

POST OFFICE BOX 1450



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35776

(4)

NATIONAL ROOF COATERS, INC.

1.1	

Mailing Address

POST OFFICE BOX 1450

FILED Jan 30 1998 8:00am Secretary of State



ST. ALBANS WV 25177 ST. ALBANS WV 25177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 55-0681789 21 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 Zip Code

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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE L Change GIBSON, RAYMOND H. NAME 1.2 NAME 7 MARBURN RD. 1.3 STREET ADDRESS STREET ADORESS **CHARLESTON WV** CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE SPRATT, ROBERT W. NAME 2.2 NAME 820 SCENIC DR. STREET ADDRESS 2.3 STREET ADDRESS **CHARLESTON WV** CMY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE GIBSON, RAYMOND H. NAME 3.2 NAME 7 MARBURN RD. STREET ADDRESS 3.3 STREET ADDRESS CHARLESTON WV 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE ASt. Sec. 4.1 TITLE NAME Debra R. Hogan 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS PO BOX 1450 4,4 CITY - ST - ZIP CITY-ST-ZIP St. Albens. TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change □ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 cath; that I am an officer or director of the carbonation 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 analysis, or on an attachment with an address. 304-925_

SIGNATURE: 5773