

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000020171 (3)

1. Corporation Name  
 MIKE DOUGLAS ROOFING, INC.



Principal Place of Business  
 7050 N.W. 23RD WAY  
 GAINESVILLE FL 32653  
 US

Mailing Address  
 7050 N.W. 23RD WAY  
 GAINESVILLE FL 32653  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/12/1993

4. FEI Number  
 59-3181065

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

CROSIER, CHARLES O  
 14029 NW 46 AVE  
 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name Douglas, James M.  
 82 Street Address (P.O. Box Number is Not Acceptable) 4815 NW 30th Terrace  
 83 Gainesville FL 32605  
 84 City FL 85 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 *James M. Douglas* DATE

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | DOUGLAS, JAMES M     |  |
| STREET ADDRESS | 4815 NW 30 TERR      |  |
| CITY-ST-ZIP    | GAINESVILLE FL 32605 |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | CROSIER, CHARLES O   |  |
| STREET ADDRESS | 14029 NW 46 AVE      |  |
| CITY-ST-ZIP    | GAINESVILLE FL 32606 |  |
| 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          | President            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Douglas, James M.    |  |
| 1.3 STREET ADDRESS | 4815 NW 30th Terr.   |  |
| 1.4 CITY-ST-ZIP    | GAINESVILLE FL 32605 |  |
| 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 type="checkbox"/> Addition            |
| 3.2 NAME           |                      |  |
| 3.3 STREET ADDRESS |                      |  |
| 3.4 CITY-ST-ZIP    |                      |  |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James M. Douglas* 7/27/98 392-3774712

CR2E034 (5/98)