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CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

1. Corporation Name

ALL FLORIDA ROOFING AND WATERPROOFING, INC.

Principal Place of Business	Mailing Address
1105 DR. MARTIN LUTHER KING BLVD. WEST SEFFNER FL 33584	1105 DR. MARTIN LUTHER KING BLVD. WEST SEFFNER FL 33584

3. Date Incorporated or Qualified: 05/13/1993

3a. Date of Last Report: 10/05/1994

2. Principal Place of Business
21: 6601 US Hwy 301 S.
22: Suite, Apt. #, etc.
23: City & State: Riverview, FL
24: Zip: 33569 Country: USA

2a. Mailing Address
26: P.O. Box 1308
27: Suite, Apt. #, etc.
28: City & State: Riverview, FL
29: Zip: 33569 Country:
30:

4. FEI Number: 59-3182768 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CURRY, GENE T
631 BARKFIELD STREET
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: STEVEN K. RICE
82 Street Address (P.O. Box Number is Not Acceptable): 8808 MATHOG Rd.
83 P.O. Box 1308
84 City: Riverview FL 85 Zip Code: 33569

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: Steven K. Rice Pres — 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RICE, STEVEN K	1.2 NAME	
STREET ADDRESS	8808 MATHOG RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	CURRY, GENE T	2.2 NAME	Howard Harrold
STREET ADDRESS	8808 MATHOG RD.	2.3 STREET ADDRESS	8808 Mathog Rd.
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	ST	3.1 TITLE	☑ Change ☐ Addition
NAME	CLARK, RICHARD	3.2 NAME	ST Cheryl S. Rice
STREET ADDRESS	12809 TALLOWOOD DR.	3.3 STREET ADDRESS	8808 Mathog Rd
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Steven K. Rice pres — 1-17-95 — (813) 681-6643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441052 FP