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

CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Jan 29 1998 8:00am

	JAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUMENT # P93000034465 (3) ALL FLORIDA ROOFING AND WATERPROOFING, INC.						1 1890/190 0 TO 1800 O 1800 50 00 O 1800 O			
Dian - I Bla		Mailing Address							
Principal Plac			ļ						
6601 U.S. HW RIVERVIEW FI									
1,110,111,111,111		RIVERVIEW FL 33569				DO NOT WRITE IN	THIS SPACE		
						3. Date incorporated or Qualified		-	
2. Principal Place of Business 2s, Mailing Address								plied For	
21 26						59-3182768	- 	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75		
22		27				5. Certificate of Status Desired	Fee Ro	equired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Žip				ountry 8. This corporation owes or has pai					
24	25 29 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. 10. Name and Address of New Register				No .	
DIO	_ ```	ant Registered Agent	 ;	31 Name		10. Name and Address of New Aegis	stered Agent		
RICE, STEVEN K									
8808 MATHOG ROAD RIVERVIEW FL 33569					Addres	is (P.O. Box Number is Not Acceptable)	•	- 1	
HIVERVIEW I & 35505				33					
			ļ.	34 City			85 Zip	Code	
								1	
 11. Pursuant office or r 	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida, Such change was	tes, the ab authorized	ove-named by the co	d corpor	ation submits this statement for the purph's board of directors. I hereby accept t	pose of changing it he appointment as	s registered registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statu	tes.	•	• •	2 tu .	, ,	
SIGNATURE	Signature, typed or printed name of registered a	cent and little if applicable (NO)	F Repistered	Agent signatur	e required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		R\$ IN 12_	
TITLE	P	DELETE	1.1 TITI	E			☐ Change	Addition	
NAME	RICE, STEVEN K		1.2 NA	1E				la	
STREET ADDRESS	8808 MATHOG RD.		1.3 STR	EET ADDRESS	Į.				
CITY-ST-ZIP	RIVERVIEW FL 33569	DA DELETE		/-ST-ZIP	~		Change	Addition	
TITLE	V FULTZ FOWADD D	DELETE	2.1 TITI 2.2 NAM		1 -	ell water L	i ∟ change	P. Addition 1	
NAME STREET ADDRESS	FULTZ, EDWARD P 8627 MCRAE RD			eet address	751	KINGSTON CT.			
CITY-ST-ZIP	TAMPA FL		•	Y-ST-ZIP	Apol	lo Beach, FL 33572		ľ	
TITLE	ST	DELETE	3.1 TITE		 		Change	Addition	
NAME	RICE, CARRY S		3.2 NAN	16				ł	
STREET ADDRESS	8808 MATHOG RD.		3.3 STR	eet address					
CITY-ST-ZIP	RIVERVIEW FL 33569			Y-ST-ZIP	ļ			1 1 (00)	
THILE	V	L DELETE	4.1 TITL				L_j Change	Addition	
NAME	BUCHMEIER, ROBERT		4. 2 NA		Į				
STREET ADORESS	4003 FORECAST ST BRANDON FL			EET ADDRESS (-St-Zip	Ì	•			
CITY-ST-ZIP TITLE	BRANDONTE	DELETE	5.1 TITU		 		Change	Addition	
NAME			5.2 NAM						
STREET ADDRESS				5.3 STREET ADDRESS				l	
CITY-ST-ZIP			•	-ST-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITL				Change	Addition	
NAME			6,2 NAM	1E				ļ	
STREET ADDRESS				eet address	1				
14. I hereby certify that the information supplied with this filling does not qualify for the exe indicated on this annual report or supplemental annual report is true and accurate an				-ST-ZIP	od in C	notion \$10.07/2\f) Florida Statuton 15:-	that codify that the	information	
indicated	on this annual report or supplied	ital annual report is true and acc	curate and	that my sign	gnature	shall have the same legal effect as if m	ade under oath; the	at I am an	

SIGNATURE: