

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).

APPROVED
AND
FILED

98 NOV -6 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA3000039008
1. Corporation Name RAY CLARK & SONS Roofing Consultants INC.
PO

Principal Place of Business #2 BLACKWATER LN. Key Largo, FL. 33037	Mailing Address P.O. Box 1231 Key Largo, FL. 33037
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2. Principal Place of Business #2 BLACKWATER LN. Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 1231 Suite, Apt. #, etc.
22 City & State Key Largo, FL	27 City & State Key Largo, FL
23 Zip 33037	28 Country MONROE
24 Zip 33037	25 Country MONROE
29 Zip 33037	30 Country MONROE

9. Name and Address of Current Registered Agent Raymond L. Clark 34 So. BLACKWATER LN. Key Largo, FL 33037
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
4. FEI Number 1650461479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 607.050, Florida Statutes.
SIGNATURE Raymond L. Clark DATE 10-19-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE OWNER PRESIDENT	<input type="checkbox"/> DELETE	11 TITLE VIC PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAY CLARK		12 NAME PAMELA CLARK	
STREET ADDRESS 34 So. BLACKWATER LN		13 STREET ADDRESS 34 So. BLACKWATER LN.	
CITY-ST-ZIP Key Largo, FL 33037		14 CITY-ST-ZIP Key Largo, FL 33037	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(f), 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 Pamela Clark DATE 10-19-98 DAYTIME PHONE # 305-453-9540

CR2E034 (5/98)