SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000049576 (0)

1. Corporation Name

DELANO ROOFING, INC.

Principal Place of Business	Mailing Address
6100 NE 7 AVE FT LAUDERDALE FL 33334	6100 NE 7 AVE FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business	2a. Mailing Address
21 13163 NE 44 ct	26 13163 NE 44 ct
Suite, Apt. #, etc. 22 Anthony, Fl	Suite, Apt. #, etc. 27
City & State 23 Anthony, Fl	City & State 28 Anthony, Fl
Zip 24 32617 Country 25 Marion	Zip 29 32617 Country 30 Marion

4. FEI Number: 65-0513327 ☐ 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

DELANO, KIMBERLY H
6100 NE 7 AVE
FT LAUDERDALE FL 33334

address change only

10. Name and Address of New Registered Agent

81 Name: Delano Kimberly H
82 Street Address (P.O. Box Number is Not Acceptable): 13163 NE 44 ct
83
84 City: Anthony FL 85 Zip Code: 32617

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: Kimberly H. Delano — 7/31/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DELANO, KIMBERLY H		1.2 NAME	Delano, Kimberly H
STREET ADDRESS	6100 NE 7 AVE		1.3 STREET ADDRESS	13163 NE 44 ct
CITY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP	Anthony, Fl 32617
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DELANO, JOHN		2.2 NAME	Delano, John
STREET ADDRESS	6100 NE 7 AVE		2.3 STREET ADDRESS	13163 NE 44 ct
CITY-ST-ZIP	FT LAUDERDALE FL 33334		2.4 CITY-ST-ZIP	Anthony, Fl 32617
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly H. Delano — 7/31/96 — 352-351-1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #