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 # **P93000082613 (9)**

1. Corporation Name

TOM ANDERSON ROOFING INC.

Principal Place of Business
4431 SW 64TH AVE.
#113A
DAVIE FL 33314

Mailing Address
4431 SW 64TH AVE.
#113A
DAVIE FL 33314

3. Date Incorporated or Qualified: **11/24/1993**
3a. Date of Last Report: **10/25/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **65-0450238** — 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**

KELLER, PATRICIA
7390 ARTHUR ST.
HOLLYWOOD FL 33024

10. **Name and Address of New Registered Agent**

81 Name: Anderson, Jennifer
82 Street Address (P.O. Box Number is Not Acceptable): 4431 SW 64th Ave #113A
83
84 City: Davie — FL — 85 Zip Code: 33314

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: Jennifer Anderson — Jennifer Anderson — 6/5/96
Signature (type/print name of the person signing and the capacity/title) — (for Ch. Registered Agent signature required after resignation) — DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	ANDERSON, JENNIFER	
STREET ADDRESS	9460 LIVE OAK PLACE, #103	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	S	☑ DELETE
NAME	KELLER, PATRICIA	
STREET ADDRESS	7390 ARTHUR ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VP	☐ DELETE
NAME	KELLER, JAMES	
STREET ADDRESS	7390 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	P	☑ DELETE
NAME	ANDERSON, TOMMY	
STREET ADDRESS	9460 LIVE OAK PLACE, STE. 103	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Jennifer Anderson — Jennifer Anderson — 6/5/96 (954) 792-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0078976 CP