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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P94000014428 (4)**

1. Corporation Name

SUNCOAST ROOFING OF ORLANDO, INC.



Principal Place of Business

Mailing Address

**3220 EAST SHADY OAK DRIVE
LAKELAND FL 33809
US**

**3220 EAST SHADY OAK DRIVE
LAKELAND FL 33810-2429
US**

3. Date Incorporated or Qualified

02/22/1994

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3240035

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

10. Name and Address of New Registered Agent

**MAGILL, PATRICK M
2110 E ROBINSON ST
ORLANDO FL 32803**

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 607.0505, Florida Statutes.

SIGNATURE

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 **D** ☐ DELETE
NAME **RATLIFF, LINDA**
STREET ADDRESS **3220 SHADY OAK DR**
CITY - ST - ZIP **LAKELAND FL 33809**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE

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29.4 CITY - ST - ZIP

TITLE ☐ DELETE

30.1 TITLE

30.2 NAME

30.3 STREET ADDRESS

30.4 CITY - ST - ZIP

SIGNATURE: *Linda Ratliff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA RATLIFF

April 8-97

853-8047

CR2E034 (9/96)