FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 05 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 # **P94000023716 (1)**

1. Corporation Name
R.H. CARLSON ROOFING, INCORPORATED

Principal Place of Business	Mailing Address
47 BRIAR TRAIL CRAWFORDVILLE FL 32327	47 BRIAR TRAIL CRAWFORDVILLE FL 32327-3445

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report: 11/07/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3228694 ☐ 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

CARLSON, RAYMOND H
4127 CORNISH DRIVE
TALLAHASSEE FL 32303

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 607.0505, Florida Statutes.

SIGNATURE: Joyce D. Carlson (JOYCE D. CARLSON) VP — 4/20/97
Signature, type or print 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, RAYMOND H		1.2 NAME	
STREET ADDRESS	4127 CORNISH DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, DENISE		2.2 NAME	
STREET ADDRESS	47 BRIAR TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, DARRYL		3.2 NAME	
STREET ADDRESS	#20 CONNIFER LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, QUINTON		4.2 NAME	
STREET ADDRESS	111 S. MERIDIAN		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Chris Liford		5.2 NAME	
STREET ADDRESS	600a Cheistina Ct.		5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl. 32311		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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joyce D. Carlson (JOYCE D. CARLSON) 4/20/97 (904) 926-2735