SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000033264 (0)**

1. Corporation Name

QUALITY ROOFING SYSTEMS, INC.

Principal Place of Business	Mailing Address
4100 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA FL 33602	4100 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6601 N. 50TH ST.
Suite, Apt. #, etc. 22
City & State 23 TAMPA, FL
Zip 24 33610
Country 25 Hillsborough

2a. Mailing Address
26 P.O. BOX 5214
Suite, Apt. #, etc. 27
City & State 28 TAMPA, FL
Zip 29 33675
Country 30 Hillsborough

4. FEI Number: 59-3240889 ☐ 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

KALISH, WILLIAM
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the date of signature) (If 11) Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (Deletions: Enter "Delete")	
TITLE	D/P	11 TITLE	☒ Change ☐ Addition
NAME	JENKINS, RICHARD C	12 NAME	
STREET ADDRESS	303 SOUTH MERIDIAN	13 STREET ADDRESS	6601 N. 50TH STREET
CITY-ST-ZIP	TAMPA FL 33602	14 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		21 TITLE	V ☐ Change ☒ Addition
NAME		22 NAME	JOHN GARRISON
STREET ADDRESS		23 STREET ADDRESS	6601 N. 50TH STREET
CITY-ST-ZIP		24 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	DANIEL MARTIN
STREET ADDRESS		33 STREET ADDRESS	6601 N. 50TH STREET
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		41 TITLE	T ☐ Change ☒ Addition
NAME		42 NAME	LORRAINE DEMASSE
STREET ADDRESS		43 STREET ADDRESS	6601 N. 50TH STREET
CITY-ST-ZIP		44 CITY-ST-ZIP	TAMPA, FL 33610
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

X **SIGNATURE:** _____ 7-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD C. JENKINS / PRES. (813) 620-4797

0007800 CP