

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

10f2

0095037

98 JUL 14 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P94000043992 (4)**

1. Corporation Name **AFFORDABLE ROOFING OF S.W. FLORIDA INC.**

| | |
|--|---|
| Principal Place of Business 18190 OLD BAYSHORE ROAD NO. FT. MYERS FL 33917 | Mailing Address P.O. BOX 151064 CAPE CORAL FL 33915 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/13/1994 | |
| 21 | | 26 | | 4. FEI Number 65-0512178 | |
| Sulte, Apt. #, etc. | | Sulte, Apt. #, etc. | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

**POLING, KEVIN C
18190 OLD BAYSHORE ROAD
NO. FT. MYERS FL 33917**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLING, KEVIN C | 1.2 NAME | |
| STREET ADDRESS | 18190 OLD BAYSHORE ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO. FT. MYERS FL 33917 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLING, PATIA L | 2.2 NAME | |
| STREET ADDRESS | 18190 OLD BAYSHORE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO. FT. MYERS FL 33917 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Donna Leon |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 18190 Old Bayshore Rd. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | No. Ft. Myers, Fl. 33917 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | 200002593752-2 |
| STREET ADDRESS | | 4.3 STREET ADDRESS | -07/21/98-01032-010 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | DB |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 14-98 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

[Signature]

7/10/98 (941) 770-7630

CR2E034 (5/98)



Cossentino & Orlando

Accountants
1402 Cape Coral Parkway
Cape Coral, Florida 33904
(941) 945-4939
Fax (941) 945-4938

July 10, 1998

Florida Department of State
Div. of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: AFFORDABLE ROOFING OF S.W. FLORIDA, INC.
DOC # P94000043992

Dear Ms. Brumbley:

I am the Accountant for the above-mentioned client. In March of 1998 we contacted the Department of State because my client did not receive their annual filing report. Apparently, for some reason, their annual report was sent back and we are not sure why, since the address was correct when we called Tallahassee.

We were told that another blank form would be sent immediately before the May 1, 1998 due date. In late April of 1998 we again called and informed the Department of State that we have not received a blank form. Finally, we received a second reminder form on July 05, 1998, after another telephone call was made.

We complained to the Department of State that, due to their error, we did not feel we were liable for the \$550.00 fee. I was advised to forward this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me. Thank you for your kind consideration herein.

Very truly yours,



Salvatore Cossentino

SC/db