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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000063045 (6)

DOCUMENT #
1. Corporation Name **REED ROOFING COMPANY** Principal Place of Business Mailing Address



| | AVENUE SOU BURG FL 337 | | 2941 22ND AVENUE SOUTH ST. PETERSBURG FL 33712 | | | | | | | | | | | |
|-----------------------------------|---------------------------|--|---|---------------------|-----------------|---------------------------------|--|------------------------------|--|--------------------------------|--------------|-------------------------|----------------------------------|---|
| | | | | | | | | | 3. Date incorporated 6 08/22/1994 | r Qualified | 3a. Dat | 08/24/ | 995 | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number 59-3278448 | | | | Applied For Not Applicabl | le |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status | Desired | \$8.75 Additional Fee Required | | | | |
| City & State | | | | City & State | | | | | 6. Election Campaign Trust Fund Contribu | | | | 0 May Be | |
| Zip 24 | 25 | Country | 29 | Zip Counti | | | intry | | 8. This corporation has liability for intangible tax under s=15 Florida Statutes | | | | 199.032, | |
| | 9, Name ar | istered Age | stered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| | RUDOLPH | | | | | | 81 82 | Name Street Add | dress (P.O. Box Number is N | ot Acceptab | lo) | | ····· | |
| 2941 2 ST. PE | | | | 83 | | JIOSS (1-10. DON THURIDO) IS TO | | | - | | | | | |
| | | | | | | | 84 | City | | | FI | 85 Zi | p Code | |
| or registere | d agent, or bo | s of Sections 60 th, in the State of the obligations o | of Florida, Su | ch change w | as authorize | ed by the c | ove-n | arned corpo pration's boa | pration submits this statemer and of directors. Thereby acc | I for the pur ept the appo | nose of ch | anging its a registered | registered offi I agent. I am | ce |
| SIGNATURE | lgnature, typed or p | ninted name of register | ed agent and title | t applicable | TON) | E: Registered | l Ageni | t signature requir | red when reinstating) | | DATE | | | |
| 12. | | OFFICE | RS AND DIFI | .CTORS | | 13. | | | ADDITIONS/CHANG | ES TO OFF | CERS ANI | DIRECTO | ORS IN 12 | |
| TITLE | U | | |] | DELETE | 1. 1 T | ITLE | | | | | Change | Addition | {:} |
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| STREET ADDRESS | | | | | | 63 ST | THEET | ADDRESS | | | | | | |
| CITY-ST-2IP | | | | | | 6 4 CI | | | | | | <u> </u> | | |
| 14. I do hereby | certify that the | information sup | oplied with th | s filing is vol | untarily furni: | shed and | does | s not qualify | for the exemption stated in | Section 119. | 07(3)(k), Fi | orida Statu | tes. I further | 7 |

certify that the information injurated on this annual report is 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 other or disease of this corporation of the corporation o

SIGNATURE: