

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000069697 (8)

1. Corporation Name

ROOFING TECHNOLOGIES UNLIMITED, INC.



Principal Place of Business

Mailing Address

1630 MEDICAL LANE
SUITE B
FORT MYERS FL 33907

1630 MEDICAL LANE
SUITE B
FORT MYERS FL 33907

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

09/29/1995

4. FEI Number

65-0521639

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

2. Principal Place of Business

21 3949 EVANS AVE

Suite, Apt. #, etc.

22 302

City & State

23 FT MYERS FL

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 3949 EVANS AVE

Suite, Apt. #, etc.

27 302

City & State

28 FT MYERS FL

Zip

29 33901

Country

30 LEE

9. Name and Address of Current Registered Agent

LEAKE, RICHARD L
1630 MEDICAL LANE
SUITE B
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

RICHARD L LEAKE

82 Street Address (P.O. Box Number is Not Acceptable)

3949 EVANS AVE

83

SUITE 302

84

FT MYERS

FL

85 Zip Code

33901

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 firm if applicable.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LEAKE, RICHARD L
STREET ADDRESS 1630 MEDICAL LANE, SUITE B
CITY-ST-ZIP FORT MYERS FL 33907

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96 441 277 3894

CR2E034 (3/96)