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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUMENT #

1. Corporation Name BAY AREA GUTTERS OF ORLANDO, INC. Mailing Address Principal Place of Business 2900 BLAKELY DRIVE 2900 BLAKELY DRIVE 59-3307532 ORLANDO FL 32835 ORLANDO FL 32835 3a. Date of Last Report 11196 3. Date incorporated or Qualified 03/06/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes Mo Florida Statutes 29 30 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUMPHRIES, GREGORY J 201 EAST PINE STREET SUITE 701 83 ORLANDO FL 32801 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes. J. when remaining CR2E034 (12/95) SIGNATURE NUTE Registered Agest significate requi Signature its ed or preted harve of regelence agent and their applicance ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS ■ Addition 12. ☐ Change DELETE 1 1 1/1/16 THILF 1.2 NAME GARCIA, LUIS NAME 1.3 STREET ADDRESS 2900 BLAKELY DRIVE STREET ADDRESS ORLANDO FL 32835 14 C-1Y - ST - ZIF Change Addition CITY - ST-ZIP DELETE 2.1 THILE TITLE 2.2 NAME GARCIA, EVELYN NAME 2.3 STREET ADDRESS 2900 BLAKELY DRIVE STREET ADDRESS 2.4 CITY - ST - ZIP ORLANDO FL 32835 Change Addition CITY-SE-ZIP DELETE 3 1 TIFLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C-TY - ST - ZIF Change Addition CHTY-ST-ZIP DEL ETE 4 1 10TLF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S! - ZIP CITY - ST - ZIP 5 1 TITLE DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 O(1) - \$1 - Z(P) CHY-S1-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily Jurnished 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 supplements 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 introde empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or black-int or on an attachment will an address. 6.4 CITY - ST-ZIP d, or on an attachment w appears in Block 12 or Block

SIGNATURE:

STREET ADDRESS

SIGNAT

407-578-0059