DOCUMENT # P95000023720 1. Entity Name ALL-AMERICAN SEAMLESS GUTTERS, INC.			FILED Jan 09, 2001 8:00 am Secretary of State	
Principal Place of Business 4728 NORTHFIELD PL LAND O LAKES FL 34639	Mailing Address 4728 NORTHFIELD PL LAND O LAKES FL 34639	÷	01-09-2001 9003	
2. Principal Place of Business 4716 LANGO LANGS Blvd Suite, Apt. #, etc.	3. Mailing Address 4710 (And o' Suite, Apt. #. etc.	crkes Blud	DO NOT WRITE IN THIS	· · · · · · · · · · · · · · · · · · ·
City & State Land o La Kes, Fl. 3463	9 Lando Lakes F		4. FEI Number 59-3302037	Applied For Not Applicable
34639 Country U.S.A.	34639	Country	Certificate of Status Desired Name and Address of New Registered	\$8.75 Additional Fee Required Agent
4728 NORTHFIELD PL			4N K- TUNNELL (P.O. Box Number is Not Acceptable) Wooddale LANC IAK: FL	Zip Code - 34139
8. The above named entity submits this st Signature. typed or printed tame of re 9. This corporation is eligible to satisfy its Tax filling requirement and elects to do (See criteria on back)	Bryan K. gistered agent and title if applicable. (NOTE: Intangible so After MAY 1, 200	Registered office or registered. Registered Agent signature requirely. FEE IS \$150.00 The Fee will be \$550.00 The to Department of St	d when reinstating) 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICE TITLE P NAME TUNNELL, BRYAN K STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 346	ERS AND DIRECTORS Delete	NAME STREET ADDRESS 4	ADDITIONS/CHANGES TO OFFICERS AND CRZTARY wdra B. Twwell no Lando LKS Bird Swites wdo'Lokes, FL 34639	D DIRECTORS IN 11 Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete .	TITLE PRE B. STREET ADDRESS 4	sident EYAN K. TUNNELL 110 LANDO'LAKES BLOD SuiteS NO OLAKOS, FL 34639	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	¯ □ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
13. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver or true.	tal report is true and accurate and that my	y signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further cer same legal effect as if made under oath; that I i7, Florida Statutes; and that my name appears i	am an officer or director in Block 11 or Block 12 if —
SIGNATURE:	TO SRY A OFFED OR PRINTED NAME OF SIGNING OFFICER O			813 - 996 - 3635 == Daylime Phone # ==