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Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000026537 (7)

1. Corporation Name

ANGLER ROOFING & SHEET METAL, INC.



Principal Place of Business

Mailing Address

676 US HWY 17-92  
DE BARY FL 32713  
US

676 US HWY 17-92  
DE BARY FL 32713  
US

409 LAUREL AVE  
SANFORD FL 32771

409 LAUREL AVE  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 409 LAUREL AVE

26 409 LAUREL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SANFORD FL

24 Zip

32771

Country

25 FLORIDA

26 Zip

32771

Country

27 FLORIDA

28 City & State

29 SANFORD FL

30 Zip

32771

Country

31 FLORIDA

32 City & State

33 SANFORD FL

34 Zip

32771

Country

35 FLORIDA

36 City & State

37 SANFORD FL

38 Zip

32771

Country

39 FLORIDA

40 City & State

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Country

55 FLORIDA

56 City & State

57 SANFORD FL

58 Zip

32771

Country

59 FLORIDA

60 City & State

61 SANFORD FL

62 Zip

32771

Country

63 FLORIDA

64 City & State

65 SANFORD FL

66 Zip

32771

Country

67 FLORIDA

9. Name and Address of Current Registered Agent  
SELLERS, DONALD  
1280 SECTION LINE TRAIL  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
STREET ADDRESS SELLERS, DON  
CITY-ST-ZIP 1280 SECTION LINE TRAIL  
DELTONA FL 32725

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS WAGONER, CHESTER  
CITY-ST-ZIP 7000 FIRESTONE  
N. CANTON OH 44721

TITLE ☐ DELETE

NAME T  
STREET ADDRESS COOPER, LEONARD  
CITY-ST-ZIP 1263 COBBLEFIELD N.E.  
N. CANTON OH 44721

TITLE ☐ DELETE

NAME S  
STREET ADDRESS SELLERS, GLENDA  
CITY-ST-ZIP 1280 SECTION LINE TR  
DELTONA FL 32725

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(i), 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 *Donald Sellers* *Donald Sellers*

4-17-98

409-302-5978

CR2E034 (10/97)