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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055347

1. Corporation Name

GUTTERWORKS OF TALLAHASSEE, INC.



Principal Place of Business

**2595 CENTERVILLE ROAD
TALLAHASSEE FL 32308**

Mailing Address

**2595 CENTERVILLE ROAD
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

4. FEI Number

59-3156889

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3600-D WEEMS RD

2a. Mailing Address

26 3600-D WEEMS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL.

City & State

28 TALLAHASSEE, FL.

Zip Country

24 32311 25 U.S.A.

Zip Country

29 32311 30 U.S.A.

9. Name and Address of Current Registered Agent

**RUMENIK, PETER
2595 CENTERVILLE ROAD
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name PETER RUMENIK

**82 Street Address (P.O. Box Number is Not Acceptable)
3600-D WEEMS RD.**

83

84 City TALLAHASSEE, FL.

FL

85 Zip Code 32311

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

Peter Rumenik
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PD
TURNER, MATT
STREET ADDRESS 2449 POTTS ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308**

TITLE ☐ DELETE

**NAME STD
RUMENIK, PETER
STREET ADDRESS 2435 POTTS ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

☐ Change ☐ Addition

NO CHANGE

☒ Change ☐ Addition

2427 POTTS RD

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

Date

850-385-8803

Daytime Phone #

CR2E034 (11/98)