FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086882 (4)

DIRISIO ROOFING, INC.

FILED Mar 03 1998 8:00am Secretary of State



Dia in al Dia		ha wa Adda		—-{	
Principal Plac		Mailing Address			
2989 SE KENSINGTON ST 2989 SE KENSINGTON ST STUART FL 34997 STUART FL 34997					
SIUMNI TE S	nosi	STUMPLIFE 9499?		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 11/13/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 347	3 SE Hawthorne St	26 3473 SE	Hawthorne S	54 59-3349522	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	***	6. Election Campaign Financing	\$5.00 May Be
23 Stu	act FL	28 Stuart F	L 34997	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 3499	77 25 martin	29 34997	30 Martin		Yes No
	9. Name and Address of Current F			10. Name and Address of New Registered	Agent
DIRISIO, JAMES 81 Name					
2000 CE KENCINGTON CT				40 C. Ranklanda S. Mal Assault (1)	
STUART FL 34997				ress (P.O. Box Number is Not Acceptable) 97 SE Hawthorne S	L
83				THE SE HOUSINGTHE C	<u></u>
			84 City S +	vart FL	85 Zip Code 3 4 9 9 7
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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND [DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Dirisio, James		1.2 NAME		
STREET ADDRESS	2989 SE KENSINGTON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	LASTER, ROBIN		2.2 NAME		[
STREET ADDRESS	1162 12 FAIRWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
	JAMES, DENNIS	C 4 OLLEGE			Critings Mudicion)
NAME OVEREST ADDRESSES	6537 SE FEDERAL HWY #8		3.2 NAME		
STREET ADDRESS	STUART FL 34997		3.3 STREET ADDRESS		
CITY-ST-ZIP	010/411112 04337	DELETE	3.4. C/TY-ST-Z/P		Change
TITLE		LL DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		J
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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.

2/25/98