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

Mailing Address 817 PENNSYLVIANIA AVE

LAKELAND FL 33801

**PROFIT CCRPORATION** ANNUAL REPORT

1999

Principal Place of Business

817 PENNSYLVANIA AVE

LAKELAND FL 33801

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90063 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092958

ROOFING INSPECTION SERVICES, INC.

2. Principal Place of Business   2a Mailing Address   4. FEI Number   59:3351861   Not Applicable for   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   28							12/05/1995
Sulte, Ap. 1, #, etc. 22 22 23 25 26 27 28 28 29 29 20 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Pl	ace of Business	2a. Mailing Address				
Suite, Apt. #, etc.    20	21		26				<b>59-3351081</b> Not Applicable
City & State		#, etc.					\$8.75 Additional
City & State	27						5. Certificate of Status Desired Fee Required
23   Zip   Country   Zip   Country   S. This coparation owes the current year I stangible   Person all Property Tax.   Yes   No.					-		6. Election Campaign Financing \$5.00 N ay Be
Zip	23		28				Trust F and Contribution Added to Fees
Solution		Country	Zip	Col	untry	1	8. This corporation owes the current year Intangible
10. Name and Address of Current Registered Agent	24	25	29	30			Personal Property Tax.
LESUE, ROBERT 817 PENNSYLVANIA AVE LAKELAND FL 33801  82 Street Ad frees (P.O. Box Number is Not Acceptable)  83		9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
817 PENNSYLVANIA AVE LAKELAND FL 33801  82 SIGNET AUTIESS (F.O. BOX Normingers in to Accept the Autient Service of Comments of the provisions of Sections 607 0502 and 607 1508, Florida Statu es. the above-named corporation submits this statement for the purpose of changing its rigistered 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 application are registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application are registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application are registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application are registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application are registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the application are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fk.rida Statutes.  SIGNATURE    D					81	Name	
### City FENNSYLVANIA AVE LAKELAND FL 33801  #### City FL   85   Zip Cude    11. Pursua it to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, the above—named corporation submit is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized agent, and accept the obligations of, Section 607.0505, Fk.nda Statutes.    12.	LESLIE, ROBERT					Street Ad	tress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its rugistered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Fix not Statules.  SIGNATURE  Signature, hyped or prefetul rail is of registered agent with title if applicable. (NOTI. Registered Agent alignature required when rematiding)  DATE  Signature, hyped or prefetul rail is of registered agent agent with title if applicable. (NOTI. Registered Agent alignature required when rematiding)  DATE  Signature, hyped or prefetul rail is of registered agent agent with title if applicable. (NOTI. Registered Agent alignature required when rematiding)  DATE  Signature, hyped or prefetul rail is of registered agent agent with title if applicable. (NOTI. Registered Agent alignature required when rematiding)  DATE  Signature, hyped or prefetul rail is of registered agent agent when rematiding)  DATE  Change   Addition  LESUE, ROBERT  12. NAME  13. ADDITIC NS/CHANGES TO OFFICERS IND DIRECTOF S IN 12  14.00TF.ST.ZP  14.00TF.ST.ZP  14.00TF.ST.ZP  14.00TF.ST.ZP  15.00TF.ST.ZP  15.00TF.ST.ZP  16.00TF.ST.ZP  17.00TF.ST.ZP  18.00TF.ST.ZP  18.00TF.ST.Z	817 PENNSYLVANIA AVE					O.O.O.	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its rigistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appliment as registered agent, and accept the obligations of, Section 607,0505, Fix rida Statutes.  SIGNATURE    Signature, hyped or printed nail to it registered agent, and title if applicable.   (NOT). Registered Agent lightwise required when reentabling:   DATE	LAKELAND FL 33801				83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its rigistered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the applicitment as registered agent, in the application. I hereby accept the application is a registered agent, or both, in the State o' Florida. Statutes.  IT. 2.					0.4	C.t.	or Zin Cuda
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cliented's. Interest adequation and late if applications of, Section 607.0505, Fk. ridad Statutes.  SIGNATURE    12.					84	City	FL   S   Zip Gride
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cliented's. Interest adequation and late if applications of, Section 607.0505, Fk. ridad Statutes.  SIGNATURE    12.	11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Star	tu es, the a	abov	e-named co	poration submits this statement for the purpose of changing its registered
Signature, typed or printed rais we of registered agent and take if applicable. (NOTI: Registered Agent signature required when remstating)   DATE	office or re	egistered agent, or both, in the State	<ul> <li>Florida, Such change was</li> </ul>	s authorize	a by	tne corporat	ation's board of directors. I hereby accept the appointment as registered
Signature, typed or printed rais we of registered agent and take if applicable. (NOTI: Registered Agent signature required when remstating)   DATE	SIGNATURE						
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NAME						<del></del>	
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CITY-ST-ZIP         3A CITY-ST-ZIP           TITLE         G.1 TITLE         Change         Addition	<b>——</b> —		□ DELETE				☐ Change ☐ Addition

6.2 NAME

14. I hereby certify that the information supplies 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 supplies that I am an officer or director of the corporation of the feether 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 changes or changattact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP