AMOUNT DU	TICE: CORPORATION WILL BE DI E ON OR BEFORE 09/15/99: \$550 (IF DISSO	APPROVED-			
PROFIT CORPORATION PROFIT CORPORATION Katherine Harris				FILED	
Ì	1999	Secretary DIVISION OF CO		00 JAN 12 PI	H 1: 25
DOCUMENT # P9600024526				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SUPERIOR ROOFING, INC					CONIDA
Principal Plac	a of Rueinges	1			
			•		
23440 Janice Ave. P.O. Box 380937" Units 15-16 Murdock, Fl 33938-0937 Charlotte Harbor, Fl.				DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE
33980				3/19/1996	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 65-0649568	Applied For Not Applicable
Suite, Apt. #, etc. = = = = = = = = = = = = = = = = = = =		26 Suite, Apt. #Tetc			\$8:75 Additional
22				5. Certificate of Status Desired 1X.1	Fee Required
		City & State	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country . 25	Zip 3	_ '	This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Current i	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
Harless, Elizabeth 256 Ambler St 82 Street Address (P.O. Box Number is Not Acceptable)					
Port Charlotte, Fl. 33954 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 Climbeth Follow Elizabeth Harless Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		5 D Clarge T Addition
NAME STREET ADDRESS	Schwartz, George P.O. Box 380937	JR.	1.2 NAME 1.3 STREET ADDRESS	-U1/21/UU- ****458.75	****458.75
CITY-ST-ZIP	Murdock, Fl. 3393	8-0937	1.4 CITY-ST-ZIP	•	
TITLE	,	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS		 	2.3 STREET ADDRESS		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		<u></u>
STREET ADDRESS		-	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Посте	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	Change Addition
NAME		[] DELETE	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME	M'	Change
STREET ADDRESS			6.3 STREET ADDRESS) \	(\ V)
CITY-ST-ZIP			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: _

12-7-99 941-743-7103

Date Daytime Phone #