6-16-97 B-78131 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000092648 (0)

1. Corporation Name
PREMIER SEAMLESS GUTTERS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 143124 **GAINESVILLE FL 32614**	**POST OFFICE BOX 143124** **GAINESVILLE FL 32614-3124**

3. Date Incorporated or Qualified: **11/12/1996**
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-342 3650 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/C	☐ Change ☑ Addition
NAME	STITES, SHARON		1.2 NAME	DAVID T. TERRELL	
STREET ADDRESS	POST OFFICE BOX 143124		1.3 STREET ADDRESS	550 CHURCH ST,	
CITY-ST-ZIP	GAINESVILLE FL 32614		1.4 CITY-ST-ZIP	YALESVILLE, CT. 06492	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	STITES, ROBERT		2.2 NAME	DONNA TERELL	
STREET ADDRESS	POST OFFICE BOX 143124		2.3 STREET ADDRESS	550 CHURCH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32614		2.4 CITY-ST-ZIP	YALESVILLE, CT. 06492	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME			3.2 NAME	SHERLEE R. STITES	
STREET ADDRESS			3.3 STREET ADDRESS	115 KENSINGTON AVE #7	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MERIDIAN, CT. 06450	
TITLE		☐ DELETE	4.1 TITLE	D/VP/P	☑ Change ☐ Addition
NAME			4.2 NAME	ROBERT D. STITES	
STREET ADDRESS			4.3 STREET ADDRESS	P.O. BOX 143124 N/A	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32614	
TITLE		☐ DELETE	5.1 TITLE	D/S/T	☑ Change ☐ Addition
NAME			5.2 NAME	SHARON L. STITES	
STREET ADDRESS			5.3 STREET ADDRESS	P.O. BOX 143124 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32614	
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		

CR2E034 (9/96)

14. I do 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: SHARON L. STITES 4/28/97 352-379-9040