\$ 150 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # P96000093655 (4)

2653 YARMOUTH DRIVE STREET ADDRESS 1.3 STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE BOYUM, STEVEN P NAME 2.2 NAME 2653 YARMOUTH DR 2.3 STREET ADORESS STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

FILED Mar 19 1998 8:00am

	1998		Secretary of State DIVISION OF CORPORATIONS				5	Secretary of State				
•	MENT # P9 Name ROOFING SYSTEMS	60000930 6, INC.	355	(4)					III PANIE (É A. 1410 A.			
Principal Place	o of Rueinage	Mailing	Address					J HILL DIKH ORIH ORIH DA	ILI BBAUR IBYBE AYNO TI			
•		_		ADMS DD			- 1					
\$500 FAIRLAND FARMS RD \$500 FAIRLANE FARMS RD SUITE 13							1					
WELLINGTON		WELLINGTON FL 33414					DO NOT WRITE	IN THIS SPACE		·		
UŞ		US					3. Date Incorp	orated or Qualified				
2. Principal Pi	lace of Business	2a Mai	ing Addres	ss			4. FEI Number		r	TAnn	lied For	
<u> </u>		26		- •			65-072		<u> </u>		Applicable	
Suite, Apt.	#, etc.		e, Apt. #, e	etc.					□ \$8.1	→-	ditional	
2		27					5. Certificate C	of Status Desired	Fe	e Req	uired	
City & State	9	City 28	& State					mpaign Financing Contribution		A 00.	May Be Fees	
Zip	Country	Ζιρ			untry) -	ation owes or has pa	Arm '	_	- ,	
24	25 g. Name and Address	of Current Peoleteres	Agent	30				operty Tax due June Address of New Re		_ <u>-</u> _	No	
PA	YUM, STEVEN P	OI COLIGIN Hedisteler	Agoin		81	Name	IV, Harris and	Addises of New He	Natoron Wall			
	53 YARMOUTH DRIVE						(0.0.5-11					
WELLINGTON FL 33414					82	Street A	ldrøss (P.O. Box Nun	iber is Not Acceptab	le)			
•••					83							
					84	City			85	Zip Co	ode	
									FL		'	
11. Pursuant to	to the provisions of Section egistered agent, or both, in	ns 607.0502 and 607.15 the State of Florida, S	08, Florida	Statutes, the a	above ed by	named c	orporation submits thi	s statement for the p	urpose of changi	ngits	registered	
agent. La	m familiar with, and accept	t the obligations of, Sec	tion 607.0	505, Florida Sta	atutes	i.		, , , , , , , , , , , , , , , , , , ,	· me appending			
SIGNATURE	Signature, typed or printed name of	torustared month and little if notif	cello	(NOTE: Bodisler	and ha	ni eignahere z	guired when reinstating)		DATE			
12.		ICERS AND DIRECTOR		13	<u>-</u> _	in signature is		CHANGES TO OFFIC		TORS	IN 12	
TITLE	PTD		☐ DELE	ETE 1.1	TITLE				Cha		Addition	
NAME	Boyum, Steven P			1.2	NAME						:	
STREET ADDRESS	2653 YARMOUTH DI			1.3 :	STREET	ADDRESS						
CITY-SI-ZIP	WELLINGTON FL 33	414			2-YTK	T-ZIP			112		1	
TITLE	PTVS		☐ DELE	1	TITLE	-			L.J Chai	ige	Addition	
NAME	BOYUM, STEVEN P 2653 YARMOUTH DI	P			NAME	ADORESS						
STREET ADDRESS	WELLINGTON FL	11		1 .								
CITY-ST-ZIP TITLE			☐ DEU		CITY-S TITLE	21-41	,——,——,——,——,——,——,——,——,——,——,——,——,——		Cha	nge	Addition	
NAME			•		NAME						1	
STREET ADDRESS				3.3	STREET	ADDRESS					1	
CITY-ST-ZIP		···			CITY-S	17-2IP		<u>. </u>				
TITLE			DELE		TITLE]			☐ Cha	108	Addition	
NAME				•	NAME						ļ	
STREET ADDRESS						ADDRESS					. [
CITY-ST-ZIP TITLE			☐ DELE		CITY - S'	r-ZIP			☐ Cha		Addition	
NAME			5000	1	IAME	İ						
STREET ADDRESS				1		ADDRESS					ĺ	
CITY-ST-ZIP					CITY - ST	í						
TITLE			☐ DELE		ITLE				Chai	ige	Addition	
NAME				6.21	NAME						,	
STREET ADDRESS				6.3 5	STREET	ADDRESS		•			- 1	

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:

3/12/98

561-753-7663