

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021981

1. Corporation Name
M.R.M. ROOFING, INC.

Principal Place of Business
1108 PARK DRIVE
CASSELBERRY FL 32707

Mailing Address
1108 PARK DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

MEADE, MICHAEL R
1108 PARK DRIVE
CASSELBERRY FL 32707

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 Michael R Meade / Reg. Michael R Meade 1-18-99
Signature, typed or printed name of registered agent and time if applicable. (Note: Registered Agent must be a resident of the State of Florida.) DATE

12. OFFICERS AND DIRECTORS

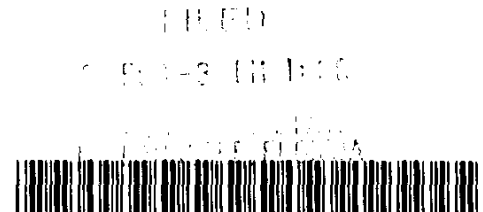
TITLE	P	[DELETE]
NAME	MEADE, MICHAEL R	
STREET ADDRESS	1108 PARK DRIVE	
CITY-STATE-ZIP	CASSELBERRY FL 32707	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[Change] [Addition]
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[Change] [Addition]
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[Change] [Addition]
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[Change] [Addition]
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[Change] [Addition]
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[Change] [Addition]
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE: Michael R Meade, Michael R Meade 1-18-99 (407) 696-5986
Signature and typed or printed name of signing officer or director. DATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1997
4. FEI Number
59-3429795
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No
10. Name and Address of New Registered Agent

0089037

CR2E034 (11/98)