

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000025773 (7)**

1. Corporation Name  
**WEATHERPROOF ROOFING, INC.**

Principal Place of Business  
**6553 ALLEN-A-DALE TRAIL  
TALLAHASSEE FL 32308**

Mailing Address  
**6553 ALLEN-A-DALE TRAIL  
TALLAHASSEE FL 32308**

FILED  
Aug 28 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	<b>2910 Kerry Forest PKY</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	<b>D-4 Suite 147</b>
City & State		City & State	
23		28	<b>Tallahassee Fl.</b>
Zip	Country	Zip	Country
24		29	<b>32308</b>
25		30	<b>Leon</b>

3. Date Incorporated or Qualified <b>03/21/1997</b>	
4. FEI Number <b>59-3428017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CUNNINGHAM, SALLY  
6553 ALLEN-A-DALE  
TALLAHASSEE FL 32308**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>Secretary (Officer)</b> <input type="checkbox"/> DELETE
NAME	<b>Sally Edenfield</b>
STREET ADDRESS	<b>6553 ALLEN-A-DALE Tr.</b>
CITY-ST-ZIP	<b>Tallahassee Fl. 32308</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sally Edenfield</b>
1.3 STREET ADDRESS	<b>Last Name change from (Cunningham) to (Edenfield)</b>
1.4 CITY-ST-ZIP	<b>(Madden Name)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200002629672</b>
4.3 STREET ADDRESS	<b>-09/01/98--01012--037</b>
4.4 CITY-ST-ZIP	<b>***5.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002629672</b>
5.3 STREET ADDRESS	<b>-09/01/98--01012--036</b>
5.4 CITY-ST-ZIP	<b>***8.75</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002629672</b>
6.3 STREET ADDRESS	<b>-09/01/98--01012--035</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

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: **Sally Edenfield** 8/18/98 (850) 668-3283

CR2E034 (5/98)



## WEATHERPROOF ROOFING

State of Florida Licensed Roofing Contractor - License #RC0067031

(850) • 668 • 3283

2910 Kerry Forest Pky. D4-147

Tallahassee, FL. 32308

(2)

To whom it may concern, I Sally Cunningham Edenfield sent my first original check on 4/30/98 to pay for the annual filing fee. I was unaware of the check not being received. I hope this second check will serve as the necessary payment and the report as information needed. I spoke to Robin about all this when it came to my attention on 8/18/98 at phone # 488-9000. She thought I should send a note along with the original Check # 1374. Also I was married last (Aug. 97) so my last name has changed from Cunningham to Edenfield. Thank you for help.

Sincerely

Sally Edenfield