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

**FILED PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000027862 (6) PMS ROOFING INC. Mailing Address Principal Place of Business P O BOX 8074 P O BOX 9074 CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ks most 65-079813 Not Applicable Suite, Apt. #, eto: Apt. #. etc \$8.75 Additional ome 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution П Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name IRR. KRISTIAN E 2771 HAMPTON CIR N Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33075 B3** 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 nurse of registered agent and title if applicable (NOTF Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE IRR, KRISTIAN E NAME 1.2 NAME 2771 HAMPTON CIR N STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33075** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP DELETE TITLE Change Addition 6.1 TITLE

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 receivery 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

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

6.2 NAME

Johns

NAME

STREET ADDRESS

954 341-1428