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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027955 (8)

rincipal Place of Business	Mailing Address
8861 NW 78TH PL #432	8861 NW 78TH PL #432
Tamarac Fl 33321	TAMARAC FL 33321

FILED Apr 16 1998 8:00am Secretary of State

AMBROSE ROOFING INC. 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 Not Applicable 65-0735485 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Ζφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name A1 AMBROSE, SCOTT 8861 NW 78TH PL #432 R2 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition PS DELETE TITLE 1.1 TITLE AMBROSE, SCOTT 12 NAME NAME CR2E034 8861 NW 78TH PL #432 STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HAYNES, TRAVIS JR. NAME 2.2 NAME 13609 68TH ST N STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

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 of 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 12 if Changed, or on an attachment with an address.

3130/18 SIGNATURE: