## 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 # P97000031170 (8)

ALPHA AND OMEGA ROOFING SERVCE, INC.

Mailing Address

## **FILED** Jun 02 1998 8:00am Secretary of State



4-27-98

Principal Place of Business 434 WESTVIEW ROAD 434 WESTVIEW ROAD **LARGO FL 33770** LARGO FL 33770 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 8420 ulmerton Rol. Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 AKSO, Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Namo WIEDER, TED 434 WESTVIEW ROAD Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33770** 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with and corporations of, Section 607.0505, Florida Statutes. 4-27-98 SIGNATURE (NOTI Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 111HLE Change NAME 1.2 NAME TED WIEDON 434 westyrew Rol STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 150, M. 33770 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(TY - ST - Z)P CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 attraction of the receiver of the corporation of the receiver of 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 attraction of the receiver of the exemption of the receiver of the corporation of the receiver of 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 attraction of the receiver of the exemption of the exemption of the receiver of the exemption of the exemption of the exemption of the receiver of the exemption of the ex