## 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 # P9700063014 (9)

HORIZON ROOFING, INC.

## FILED Feb 03 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |                                      |                    |                                  |   |                              |  |
|--|--|--------------------------------------|--------------------|----------------------------------|---|------------------------------|--|
| 7010 GEORGIA AVE WEST PALM BCH FL 33405  WEST PALM BCH FL 33405  |  |                                      |                    | DO NOT WRITE IN THIS             | S SPACE   |                              |  |
|  |  |                                      |                    |                                  | 3. Date Incorporated or Qualified                 |                              |  |
|  |  |                                      |                    |                                  | 07/21/1997  |                              |  |
| 2. Principal P   | lace of Business                                   | 2a. Mailing Address                  |                    |                                  | 4. FEI Number                                     | Applied For                  |  |
| 21   |  | 26 401 PERBY AUE                     |                    |                                  | 59-346198/  | Not Applicable               |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                  |                    |                                  | \$8.75 Additional                                 |                              |  |
| 22   |  | 27                                   |                    | 5. Certificate of Status Desired | Fee Required                                      |                              |  |
| City & State -   |  | City & State                         |                    |                                  | 6. Election Campaign Financing                    | \$5.00 May Be                |  |
| 23   |  | 28 LAKE WOR                          |                    | 7L                               | Trust Fund Contribution                           | Added to Fees                |  |
| Zip  | Country  | Zip                                  | Count              |                                  | 8. This corporation owes or has paid the o        |                              |  |
| 24   | 25   | -   -   -   -   -   -     -          | 30 //              | tum BCH                          | Personal Property Tax due June 30.                | Yes No                       |  |
|  | 9. Name and Address of Curren                      | it Registered Agent                  | 8                  | 1 Name                           | 10. Name and Address of New Registere             | a Agent                      |  |
| HEINKE, ROBERT D   |  |                                      |                    | Name                             | ame   |                              |  |
| 7010 GEORGIA AVE   |  |                                      | 8                  | 2 Street Addre                   | dress (P.O. Box Number is Not Acceptable)         |                              |  |
| WE   | ST PALM BCH FL 33405                               |                                      |                    |                                  |   |                              |  |
|  |  |                                      | 8                  | 3                                |   |                              |  |
|  |  |                                      | 8                  | 4 City                           |   | 85 Zip Code                  |  |
|  |  |                                      |                    | 1                                | F   | <b>L</b>                     |  |
| 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  |  |                                      |                    |                                  |   |                              |  |
| The Pursuant to the purpose of Sections by 2002 and 607.1502 and 607.1 |  |                                      |                    |                                  |   |                              |  |
| SIGNATURE X / 1/8/98   |  |                                      |                    |                                  |   |                              |  |
|  | Signature: typed of printed name of registered age |                                      |                    | gent signature require           |   | NO DIDECTORS #1 46           |  |
| 12.  | OFFICERS AN  | D DIRECTORS DELETE                   | 13.                |                                  | ADDITIONS/CHANGES TO OFFICERS AT                  | Change Addition              |  |
| TITLE  | PD   | ן יין הנונוג                         | 1.1 TITLE          | i                                |   | C Change C Radion            |  |
| NAME   | HEINKE, DOUGLAS W                                  |                                      | 1.2 NAM            |                                  |   |                              |  |
| STREET ADDRESS   | A ALC INCOMMA CL. 00400                            |                                      | 1.3 STHEET ADDRESS |                                  |   |                              |  |
| CITY-ST-ZIP  | LAKE WORTH FL 33463                                |                                      | 1.4 CITY           |                                  |   | Change Addition              |  |
| TITLE  |  |                                      | 2.1 TITLE          |                                  |   | C cuanda                     |  |
| NAME   | HEINKE, ROBERT D                                   |                                      | 2.2 NAME           |                                  |   |                              |  |
| STREET ADDRESS 401 PERRY AVE   |  |                                      | 2.3 STREET ADDRESS |                                  |   |                              |  |
| ~GHY-ST-ZIP  | LAKE WORTH FL 33463                                |                                      | 2. 4 CITY          |                                  |   | Change Addition              |  |
| TITLE  |  |                                      | 3 1 TITLE          |                                  |   | Change Addition              |  |
| NAME   | HEINKE, SONDRA L                                   |                                      | 3.2 NAM            |                                  |   |                              |  |
| STREET ADDRESS   | 401 PERRY AVE                                      |                                      |                    | ET ADDRESS                       |   |                              |  |
| CITY-ST-ZIP  | LAKE WORTH FL 33463                                | Flarier                              | 3.4. CITY          |                                  |   | Change Addition              |  |
| TITLE  |  | DELETE                               | 4.1 TITLE          |                                  |   | Change Addition              |  |
| NAME   |  |                                      | 4. 2 NAM           |                                  |   |                              |  |
| STREET ADDRESS   |  |                                      | 4.3 STRE           | ET ADDRESS                       |   |                              |  |
| CITY-ST-ZIP  |  | <b>—</b>                             | 4.4 CITY           |                                  |   | Chance 1440                  |  |
| TITLE  |  | ☐ DELETE                             | 5.1 TITLE          |                                  |   | Change Addition              |  |
| NAME   |  |                                      | 5.2 NAM            |                                  |   |                              |  |
| STREET ADDRESS   |  |                                      | 5.3 STRE           | ET ADDRESS                       |   |                              |  |
| CITY-ST-ZIP  |  |                                      | 5.4 CITY           |                                  |   |                              |  |
| TITLE  |  | DELETE                               | 6.1 TITLE          |                                  |   | Change Addition              |  |
| NAME   |  |                                      | 6.2 NAM            | E                                |   |                              |  |
| STREET ADDRESS   |  |                                      | 6.3 STRE           | ET ADDRESS                       |   |                              |  |
| CITY-ST-ZIP  |  |                                      | 6.4 CITY           |                                  |   |                              |  |
| 14 Lherehy o   | certify that the information supplied w            | ith this filing does not qualify for | r the exem         | notion stated in t               | Section 119.07(3)(i), Florida Statutes. I further | certify that the information |  |

4. 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 supplied earlier 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.

1/0/00