SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

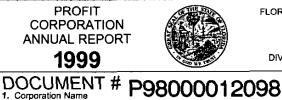
PROFIT CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP

SIGNATURE:

JAMES RICE JR. ROOFING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90153 009 ***150.00



Daytime Phone #

Principal Place of Business Mailing Address 6180 S BABCOCK ST SE. #16-A 6180 S BABCOCK ST SE. #16-A PALM BAY FL 32909 PALM BAY FL 32909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1998 Applied For 2. Principal Place of Business Mailing Address 4. FEI Number AU SE# 3 7v Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Ζiρ 8. This corporation owes the current year 2909 Intangible Personal Property. 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent RICE JAMES JR. 82 Street Address (P.O. Box Number is Not Acceptable 6180 S BABCOCK ST SE, #16-A PALM BAY FL 32909 83 84 City 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, 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. 1.1 TITLE Change Addition TITLE DELETE CR2E034 JAMES RICE, JAMES JR. 1.2 NAME NAME 6180 S BABCOCK ST SE, #16-A STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32909 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 3 1 TITLE ! Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 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 charged, or on an attachment with an address.