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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999____

DOCUMENT # P98000016165

METICULOUS SHEETMETAL & GUTTER, INC.

Mailing Address Principal Place of Business 7146 OAKWIND DRIVE 7146 OAKWIND DRIVE ORLANDO FL 32818 ORLANDO FL 32818 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/18/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-4-4262 100 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JONES, VICKIE Street Address (P.O. Box Number is Not Acceptable) 82 7146 OAKWIND DRIVE ORLANDO FL 32818 83 85 Zip Code 84 City 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 607.0595, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change TR Addition DELETE Tresident 11 TITLE DANNY R. Jones 12 NAME NAME 7146 DAKNING DLIVE 1.3 STREET ADDRESS STREET ADDRES Delando, Ha 32818 1.4 C/TY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TfD.E TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

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 13 if chapged, or on ap-attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

□ DELETE

☐ DELETE

□ DELETE

egistued Agent 3/5/9 (407) \$539-2121

☐ Change

☐ Change

Change

☐ Addition

☐ Addition

Addition

FILED Mar 11, 1999 8:00 am

Secretary of State

03-11-1999 90257 006 ***150.00

CR2E034 (11/98)