PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030180

RAIN GUTTER SPECIALTIES, INC.

Principal Place of Business	Mailing A
4629 GULFWINDS DRIVE	4629 GUL
111T7 FL 33549	LUTZ FL

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

02-22-1999 90025 003 ***158.75



Address FWINDS DRIVE 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3503819 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible 7in Country Zip Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KING, PHILIP R 82 Street Address (P.O. Box Number is Not Acceptable) **4629 GULFWINDS DRIVE LUTZ FL 33549** 83 Zip Code 85 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. 1 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 OFFICERS AND DIRECTORS 13. 12. Addition □ DELETE 1.1 TITLE TITLE KING, PHILIP R. KING, PHILIP R 12 NAME 4629 GULFWINDS DRIVE SAME 1.3 STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition V/S 2.1 TITLE TITLE KING, NORMA J 2.2 NAME KING! NORMA J. NAME 4629 GULFWINDS DRIVE 2.3 STREET ADDRESS STREET ADDRESS SAME **LUTZ FL 33549** 2. 4 CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE 32 NAME JEREMY B. HARRIS NAME 3.3 STREET ADDRESS 4629 GULFWINDS DR STREET ADDRESS 3.4. CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5 t TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE DFLETE TITLE 6.2 NAME NAME 6.3 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

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)