

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090448

1. Corporation Name

BOS SYSTEMS ROOFING COMPANY, INC.

Principal Place of Business
1920 LAKE AVENUE SOUTHEAST
LARGO FL 33771

Mailing Address
P.O. BOX 5125
LARGO FL 34649

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90148 024 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1998

4. FEI Number
58-2420909

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSWELL, GAINNEY WM. JR.
1920 LAKE AVENUE SOUTHEAST
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE *Wm. Boswell, Jr.* Gainey Wm Boswell, Jr. 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eugene R. Berwald
1.3 STREET ADDRESS	2440 N. Charles St.
1.4 CITY-ST-ZIP	No. St. Paul, MN 55109
2.1 TITLE	Corporate Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John W. McPhillips
2.3 STREET ADDRESS	2590 Centennial Dr.
2.4 CITY-ST-ZIP	St. Paul, MN 55109
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth M. Berwald
3.3 STREET ADDRESS	2440 N. Charles St.
3.4 CITY-ST-ZIP	No. St. Paul, MN 55109
4.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ramona R. Bandelow
4.3 STREET ADDRESS	2590 Centennial Dr.
4.4 CITY-ST-ZIP	St. Paul, MN 55109
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. McPhillips John W. McPhillips 4/16/99 651-770-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)