FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S17117 (0)MR. ROOFER OF PINELLAS, INC. Principal Place of Business Mailing Address 7382 120TH AVENUE N. 7382 120TH AVENUE N. **LARGO FL 33773 LARGO FL 34643** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3038749 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 3273 24 25 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARY PORTER 7382 120TH AVE N 82 Street Address (P.O. Box Number is Not Acceptable) LARGO 33773 63 84 City 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 the provisions of Sections 607.0505, Florida Statutes. SIGNATURE Signature, typed of printed i (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE PORTER, GARY NAME 1.2 NAME 7382 120TH AVENUE N STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADORESS** CITY-ST-ZIP 5.4 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.

GARY K. PORTER Directof

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

am to fall pu

DELETE

PM 3/7/98 813-545-9394

Change

☐ Addition