FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32489** **(4)**

1. Corporation Name

SOUTHWEST FLORIDA CARLSON ROOFING, INCORPORATED

Principal Place of Business

15491 SO ARON CIRCLE
PORT CHARLOTTE FL 33981

Mailing Address

15491 SO ARON CIRCLE
PORT CHARLOTTE FL 33981

3. Date Incorporated or Qualified: **02/18/1991**

3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

4. FEI Number: **58-1927241** ☐ 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 has/has not/ for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLSON DAVID
15491 ARON CIRCLE
PORT CHARLOTTE FL 33981

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 Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS

D ☐ DELETE
CARLSON, DAVID
15491 SO ARON CIRCLE
PT. CHARLOTTE FL

D ☐ DELETE
MCGINN HANS
15491 SO ARON CIR
PT CHARLOTTE FL

VP ☐ DELETE
STEPHEN CARLSON
15491 ARON CR.
PORT CHARLOTTE FL

☐ DELETE

Daniel K. Cummings
11420 Willington
Englewood, Fl. 34224

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

CR2E034 (12/95)

14. I, [illegible], certify that the information supplied with this filing is true, accurate, and complete. 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 added above or on an attachment with an address.

SIGNATURE: [signature] 2-1-96 9416913555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #