SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)O'NEAL'S ROOFING CO. OF LAKELAND, INC. Principal Place of Business Mailing Address 1606 ROBIN ST 1606 ROBIN STREET AUBURNDALE FL 33823 **AUBURNDALE FL 33823** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1991 08/15/1995 2. Principal Place of Business 21 1606 RoBin 5+ 2a. Mailing Address 4. FEI Number Applied For 59-3012140 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'NEAL, ALICE 1606 ROBIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 **AUBURNDALE FL 33823** 83 84 City Zip Code 85 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 Stgnative types or protectivative of registered agent and title if applicable (NOTE Registered Agent signature respired when relication): DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) DELETE TITLE 1 1 TITLE NAME O'NEAL, JAMES P. "PAT" L2 NAME STREET ADDRESS 1606 ROBIN ST 1.3 STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 1 4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition STD NAME O'NEAL, ALICE 2.2 NAME STREET ADDRESS 1606 ROBIN ST 2.3 STREE! ADDRESS AUBURNDALE FL CITY-ST-ZIP 2 4 CITY - ST - 2IP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE € 1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. If 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 arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block if a changed on an attachment with an orderes.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96 941-984-4007