FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # V71414 (9)

1. Corporate Name
ROOFING CONCEPTS, INC.

Principal Place of Business
1100 PARK CENTRAL BLVD S
#1700
POMPANO BEACH FL 33064

Mailing Address
1100 PARK CENTRAL BLVD S
#1700
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 10/12/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
ZIP — 24 County — 25
ZIP — 29 County — 30

4. FEI Number: 65-0366838 — 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ROLSTON, DONALD
1100 PARK CENTRAL BLVD S
#1700
POMPANO BEACH FL 33064

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: Registered Agent (if appointed after Corporation qualified with the Division) — Officer or Director of Registered Agent (if appointed after initial filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	ROLSTON, DONALD	NAME	
STREET ADDRESS	1100 PARK CENTRAL BLVD S	STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	CITY, ST, ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	YOCHEL, KARYN	NAME	
STREET ADDRESS	1100 PARK CENTRAL BLVD.	STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the penalties stated in Section 817.155, Florida Statutes. I further certify that I am familiar with and authorized to file this annual report or supplemental annual report on behalf of the corporation and that the signature below is the same legal title as a officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: [signature] 4-26-95 305-786-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0107811 CF