FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

370775

(9)

PAUL WINSLOW ROOFING INSPECTIONS, INC.



Principal Place of Business N. 8488 JENNY CAE LN P.O. BOX 05338 N FORT MYERS FL 33903				Atiling Address 8488 JENNY CAE LN P.O. BOX 05338				- 100100 11111 10011 00111 10011 10081 0111 01011 01011 01011 01011 01011 01011 (0011 01011 01011 01011 01011 0						
				N FORT MYERS FL 33903				3	3. Data Incorporated or Qualified 3a. Data of Last Report 07/21/1995					t
2.	Principal Place of Busi	ness	2a.	Mailing Address				4	4. [59-1307056		Т	Apple	ed For
21 26			26	l <u>.</u>				59-1307056				Not A	Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.			5	5. (Certificate of Status Desired			. 75 Add		
			27	Ch. A.Chan								ee Requ		
02	City & State 28			City & State 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Face							
23	Zip Country		28	Zip Countr		intry							dded to I	
24	_,_	25 29		- 1	30		This corporation has liability for intangible tax under s 199.032, Florida Statutes					.032,		
Name and Address of Current Reg							10. Name and Address of New Registered Agent							
						81	Name			M 11 M 1			-	
WINSLOW, PAUL H						82	Street Ac	ddress (F	ess (P.O. Box Number is Not Acceptable)					
	8488 JENNY CAS								· 					
	N FORT MYERS,	PL 33903				83								
						84	City					85	Zip Cod	de
			ماملات ال			LI				brints this statement for the pur	FL			
	or registered agent, of familiar with, and acc	or both, in the State of Flor ept the obligations of, Sec	ida Sach tion 607.	i change was authori 0505, Florida Statute	ized by the is	corpe	óratión's b	oard of c	fidire	actors. Thereby accept the appo	ouse of cha ontment as	registe	ered ager	nt. Fam
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	Y-ST-ZIP . If do hereby certify tha	with this	filing is voluntarily fur	uished and	riy - Si ripes	r-z:r not qualif	v for the	 ICL 62	comption stated in Section 119.0	17/3/(k) Flor	ida St	U' atutes 1	further	

certify that the information indicated on this arround report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oatn; that I am an officer or director of the corporation or the receiver or trustee employeered 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.

SIGNATURE:

SANDRA MI WE NO SHOULD AME OF SIGNING OFFICER OR DIRECTOR

=, U.P. 6/2/96

941-995-4389