

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F65179** (6)

1. Corporation Name
S K QUALITY ROOFING, INC.

Principal Place of Business

**772 SW 17TH AVE
DELRAY BCH FL 33444
US**

Mailing Address

**772 SW 17TH AVE
DELRAY BEACH FL 33444-1372
US**



3. Date Incorporated or Qualified 01/29/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2158020	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

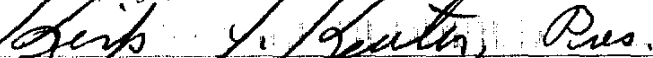
9. Name and Address of Current Registered Agent KEUTER, KIRK 772 SW 17TH AVE DELRAY BEACH FL 33444	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEUTER, KIRK	1.2 NAME	
STREET ADDRESS	22298 BUSHING ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPOS, FILIBERTO	2.2 NAME	
STREET ADDRESS	3261 48TH LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, WALTER C	3.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KEUTER, LAURA LEE	4.2 NAME	
STREET ADDRESS	22298 BUSHING ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  Pres. **4/9/97 (561) 276-8040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIRK F. KEUTER (PRESIDENT)
DATE Daytime Phone #

CP2E034 (9/96)