

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 14 AM 7:56

**DOCUMENT # J49835 (8)**

1. Corporation Name  
**STRONG ROOF, INC.**

Principal Place of Business Mailing Address  
**% LUIS DELGADO  
319 W. WEST ST.  
HALEAH, FLA 33010**      **% LUIS DELGADO  
319 W. 15 ST  
HALEAH, FLA 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1986**      3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2782588**      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. Suffix, Apt #, etc.      2b. Suffix, Apt #, etc.  
22. City & State      27. City & State  
23. Zip      28. Country      29. Zip      30. Country

9. Name and Address of Current Registered Agent  
**DELGADO, LUIS  
319 W. WEST ST  
HALEAH, FLA 33010**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City      FL      B5. 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 agent 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, LUIS	1.2 NAME	
STREET ADDRESS	319 WEST 15 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH, FLORIDA 33010	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 1110.07(3)(b), Florida Statutes. I further certify that the information reflected 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 appointed to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and change (or) an addition with an address.

SIGNATURE: *Luis Delgado*      *Luis Delgado*      3/01/95      888-1299