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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

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DOOI	INAEN	JT#	

	/IENT # <b>P93</b> (		(9)	·	
WILLIA	M R. SIMS ROOFING, I	NC.			
Principa! Place	of Business	Mailing Address		- I HADEIDDI EIN LEHEN HILL DATII RAHI NOILI ARI	OD FILITE OUTLING DITTE BINDED FRIT FAUL
7426 RADIAI ORLANDO F		7426 RADIANT CIR ORLANDO FL 3281	-		
				04/27/1993	ate of Last Report 04/24/1995
2. Principal Pla 	ce of Business	2a. Mailing Address 26		4. FEI Number 59-3214493	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability or intangible	tax under s 199.032,
24	9. Name and Address of Cu	rrent Registered Agent	30	Fiorida Statutes Yes No  10. Name and Address of New Registere	d Agent
			81 Name		
	VILLIAM R		82 Street Add	ress (P.O. Box Number is Not Acceptable)	······································
	ADIANT CIRCLE		B3		
OHLANI	DO FL 32810				
			84 City	F	85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of F n, and accept the obligations of, S	Florida. Such change was autho Section 607.0505, Florida Statut	rized by the corporation's boa es.	ration submits this statement for the purpose of our of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS	NOTE: Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TOTLE		Change Addition
NAME	SIMS, WILLIAM R		1.2 NAME		
STREET ADDRESS	7426 RADIANT CIRCLE ORLANDO FL 32810		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORDANO FL 32010	☐ DELETE	1.4 CHY-ST-ZIP 2 1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP		FT Dr. CTC	24 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME  3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
THILE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY+ST-ZIP		Pm ne. ere	44 CITY-ST-ZIP		Fil Change Fil Assess
THILE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			52 NAME 53 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME		-	62 NAME		<del></del>
STREET ADDRESS			63 STREET ADDRESS		
CITY - \$T - ZIP		,	64 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
certify that	the information indicated on this a	annual report or supplemental a	ngual report is true and accura	for the exemption stated in Section 119.07(3)(k), I ate and that my signature shall have the same leg is report as required by Chapter 607, Florida Stat	al effect as if made under

SIGNATURE: