

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

**APPROVED
AND
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1996 SEP 12 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000077778 (5)

1. Corporation Name

PREMIER TILE ROOFING OF WEST FLORIDA, INC.



Principal Place of Business: 8712 E. CRESCO LANE INVERNESS FL 34452
Mailing Address: 8712 E. CRESCO LANE INVERNESS FL 34452

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report: [blank]
4. FEI Number: [blank] 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: 21 [blank] Suite, Apt. #, etc. [blank]
22 City & State: 23 [blank]
24 Zip: 25 [blank] Country: 26 [blank]
2a. Mailing Address: 26 [blank] Suite, Apt. #, etc. [blank]
27 City & State: 28 [blank]
29 Zip: 30 [blank] Country: 31 [blank]

9. Name and Address of Current Registered Agent
SUGGS, DANNY
2096 FOREST DRIVE
INVERNESS FL 34453

10. Name and Address of New Registered Agent
81 Name: [blank]
82 Street Address (P.O. Box Number is Not Acceptable): [blank]
83 [blank]
84 City: [blank] FL 85 Zip Code: [blank]

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: *Danny Suggs* 8/1/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUGGS, DANNY	
STREET ADDRESS	2096 FOREST DRIVE	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SUGGS, GARY D	
STREET ADDRESS	8712 E. CRESCO LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VELASQUE, JORGE	
STREET ADDRESS	P.O. BOX 77082	
CITY-ST-ZIP	TAMPA FL 33675	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PONCE, MANUEL	
STREET ADDRESS	3507 ARLINGTON AVENUE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENITEZ, JUAN F	
STREET ADDRESS	P.O. BOX 77082	
CITY-ST-ZIP	TAMPA FL 33675	
TITLE	[blank]	<input type="checkbox"/> DELETE
NAME	[blank]	
STREET ADDRESS	[blank]	
CITY-ST-ZIP	[blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	[blank]	
13 STREET ADDRESS	[blank]	
14 CITY-ST-ZIP	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	[blank]	
23 STREET ADDRESS	[blank]	
24 CITY-ST-ZIP	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Velasque, Jorge	
33 STREET ADDRESS	3507 Arlington Ave	
34 CITY-ST-ZIP	Tampa, FL 33675	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	[blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	[blank]	
43 STREET ADDRESS	[blank]	
44 CITY-ST-ZIP	[blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Benitez, Juan F	
53 STREET ADDRESS	3507 Arlington Ave	
54 CITY-ST-ZIP	Tampa FL 33675	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	500001981346	
62 NAME	-08/23/96--01096--001	
63 STREET ADDRESS	***1785.00	
64 CITY-ST-ZIP	[blank]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Danny Suggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 352637-2422
Date Time

CR2E034 (12/95)