


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

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97 JUN -4 AM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **995000077778**  
1. Corporation Name  
**Premier Tile Roofing of West Florida, Inc.**

Principal Place of Business: **8712 E Cresco Ln Inverness FL 34450**  
Mailing Address: **same**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26** **PO Box 670**  
Suite, Apt. #, etc.: **22**  
City & State: **23** **Inverness FL**  
Zip: **24** **34452** Country: **25** **USA**

3. Date Incorporated or Qualified: **Oct 6, 1995**  
3a. Date of Last Report  
4. FEI Number: **59-3338025**  
Applied for:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Danny Suggs**  
**2096 Forest Dr**  
**Inverness FL 34453**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: **FL**  
85. 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 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** DATE: **6/3/97**  
Signature typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Danny Suggs	
STREET ADDRESS	2096 Forest Dr	
CITY-ST-ZIP	Inverness FL 34453	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	Jorge Velazquez	
STREET ADDRESS	PO Box 77082	
CITY-ST-ZIP	Tampa FL 33675	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	Manuel Ponce	
STREET ADDRESS	3507 Arlington Ave	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	Juan Francisco Benitez	
STREET ADDRESS	PO Box 77082 MA	
CITY-ST-ZIP	Tampa FL 33675	
TITLE	Sec/Treasurer	<input type="checkbox"/> DELETE
NAME	Guy Suggs	
STREET ADDRESS	8712 E Cresco Ln	
CITY-ST-ZIP	Inverness FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Danny Suggs	
1.3 STREET ADDRESS	3221 E Thomas St	
1.4 CITY-ST-ZIP	Inverness FL 34453	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*\*165.00 \*\*\*\*165.00

**Ad 6-4-97**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** DATE: **6/3/97** **352 037-2422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)