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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077778
 1. Corporation Name
PREMIER TILE ROOFING OF WEST FLORIDA, INC.

Principal Place of Business 8712 E. CRESCO LANE INVERNESS FL 34452	Mailing Address P.O. BOX 670 INVERNESS FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1995	
21 3221 E. THOMAS ST	26	Suite, Apt. #, etc.		4. FEI Number 59-3338025	Applied For Not Applicable
22 SUITE # 1	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 INVERNESS, FL.	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34453	25 U.S.A.	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SUGGS, DANNY
3221 E THOMAS ST
INVERNESS FL 34453

10. Name and Address of New Registered Agent
 81 Name **CHINCHILLA, HECTOR HENRIQUE**
 82 Street Address (P.O. Box Number is Not Acceptable)
320 PLEASANT GROVE ROAD.
 83 **APT. # 2.**
 84 City **INVERNESS** FL 85 Zip Code **34453**

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 **HECTOR CHINCHILLA** DATE **4-30-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SUGGS, DANNY
STREET ADDRESS	3221 E THOMAS ST
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	SUGGS, GARY
STREET ADDRESS	8712 E. CRESCO LANE
CITY-ST-ZIP	INVERNESS FL 34452
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WALKER, ASHLEY
STREET ADDRESS	8712 E CRESCO LN
CITY-ST-ZIP	INVERNESS FL 34452
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	TEHENBURN, KEITH
STREET ADDRESS	8676 E HAINES CT
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, CHRIST
STREET ADDRESS	2042 FOREST DR
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/ST CHINCHILLA, HECTOR HENRIQUE
1.3 STREET ADDRESS	320 PLEASANT GROVE ROAD #2
1.4 CITY-ST-ZIP	INVERNESS, FL. 34453
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP CHINCHILLA, PEDRO ORLANDO
2.3 STREET ADDRESS	320 PLEASANT GROVE ROAD #4
2.4 CITY-ST-ZIP	INVERNESS, FL. 34453
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP CHINCHILLA, FRANCISCO AMILLAR
3.3 STREET ADDRESS	318 PLEASANT GROVE ROAD # 2
3.4 CITY-ST-ZIP	INVERNESS, FL. 34453
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP CHINCHILLA, MANUEL DE JESUS
4.3 STREET ADDRESS	318 PLEASANT GROVE ROAD # 6
4.4 CITY-ST-ZIP	INVERNESS, FL. 34453
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	

14. I 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, with all other like empowered.

SIGNATURE: **Hector Chinchilla** **HECTOR CHINCHILLA** DATE **4/30/99** (352) 637-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)