


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90140 030 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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 |
|--|---|



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)