

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

DOCUMENT # 148863 (4)

1. Corporation Name

J.M. MONTGOMERY ROOFING CO., INC.



Principal Place of Business

Mailing Address

~~9950 S.W. 168TH TERRACE~~
~~MIAMI FL 33167~~

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~~MIAMI FL 33167~~

3. Date Incorporated or Qualified

10/16/1946

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 7870 W. 25 ave

26 7870 W. 25 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Hialeah, FL

27 City & State
28 Hialeah, FL

24 Zip 33016 25 Country USA

29 Zip 33016 30 Country USA

4. FEI Number

59-0562056

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATLIN, H JAMES, JR
169 E. FLAGLER ST., SUITE 1700
SUITE 800
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and their application

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENKINS, JENA K	
STREET ADDRESS	6480 SW 73 ST	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JENKINS, FRANK E.	
STREET ADDRESS	9950 SW 168 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWBERG, CRAIG	
STREET ADDRESS	4061 SW 82 TERR	
CITY-ST-ZIP	DAVE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RENAUD, CARLOS	
STREET ADDRESS	0455 W. FLAGLER ST., #G-702	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JENA K JENKINS
2.3 STREET ADDRESS	2400 PARK AMERICA DRIVE
2.4 CITY-ST-ZIP	7650-A S.W. 55. AVE, SO. MIAMI FL, 33143
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	

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:

JENA K. JENKINS

3/13/96 820.4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)