

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # **176714** (4)

1. Corporation Name
THOMAS & SONS ROOFING CO., INC.



Principal Place of Business: **247 S.E. 1ST TERRACE DEERFIELD BEACH FL 33441**
Mailing Address: **247 S.E. 1ST TERRACE DEERFIELD BEACH FL 33441**

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **01/01/1954** 3a. Date of Last Report: **01/13/1995**
4. FET Number: **59-0714543** 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: **THOMAS, DONALD K 1006 SE 6TH ST DEERFIELD BEACH FL 33441**
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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE: *Donald K Thomas* Donald K. Thomas 1/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	S THOMAS, DONALD K	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1006 S.E. 6TH STREET	12 NAME	
CITY, STATE, ZIP	DEERFIELD BCH FL	13 STREET ADDRESS	
TITLE	P	14 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MILDRED	21 TITLE	
STREET ADDRESS	1006 S.E. 6TH STREET	22 NAME	
CITY, STATE, ZIP	DEERFIELD BCH FL	23 STREET ADDRESS	
TITLE		24 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31 TITLE	
STREET ADDRESS		32 NAME	
CITY, STATE, ZIP		33 STREET ADDRESS	
TITLE		34 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY, STATE, ZIP		43 STREET ADDRESS	
TITLE		44 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY, STATE, ZIP		53 STREET ADDRESS	
TITLE		54 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY, STATE, ZIP		63 STREET ADDRESS	
TITLE		64 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(ix), Florida Statutes. I further certify 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 Book 12 or Book 13 of this report, or on an attachment with an address.

SIGNATURE: *Mildred Thomas* 1/16/96 305-427-2922
Mildred Thomas

CR2E034 (12/95)