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 # **419885** **(9)**

1. Corporation Name

SOUTH FLORIDA ROOFING INSPECTION, INC.

Principal Place of Business	Mailing Address
~~9950 SW 168TH TERR.~~ ~~MIAMI FL 33157-4929~~	~~9950 SW 168TH TERR.~~ ~~MIAMI FL 33157-4929~~

3. Date Incorporated or Qualified: 02/23/1973
3a. Date of Last Report: 07/03/1995
4. FEI Number: 59-1460018 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $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

2. Principal Place of Business	2a. Mailing Address
21 7650 S.W. 55 AVE	26 P.O. BOX 4
Suite, Apt. #, etc. 22 APT # A	Suite, Apt. #, etc. 27 —
City & State 23 SOUTH MIAMI, FL	City & State 28 MIAMI FL
Zip / Country 24 33143 / 25 USA	Zip / Country 29 33233 / 30 U.S.A.

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JENKINS, FRANK E.		1.2 NAME		
STREET ADDRESS	~~9950 SW 168 TERR.~~		1.3 STREET ADDRESS	7650-A SW. 55 AVE	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	SOUTH MIAMI FL. 33143	
TITLE	~~SD~~	☐ DELETE	2.1 TITLE	SECRETARY / DIRECTOR	☒ Change ☐ Addition
NAME	JENKINS, ANITA J.		2.2 NAME		
STREET ADDRESS	~~9950 SW 168 TERR.~~		2.3 STREET ADDRESS	7650-A SW. 55 AVE	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	SOUTH MIAMI FL, 33143	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~JENKINS, JENA K.~~		3.2 NAME		
STREET ADDRESS	~~6460 SW 73 ST~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~S. MIAMI FL~~		3.4 CITY-ST-ZIP		
TITLE	~~VD~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~JENKINS, KENNETH E~~		4.2 NAME		
STREET ADDRESS	~~7621 SW 57 AVE., APT. #1~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 3/1/96 305-856-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)