

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 443145 (8)

1. Corporation Name

BILL SHIELDS ROOFING AND SIDING, INC.



Principal Place of Business

3400 BAY TO BAY,
TAMPA FL 33629

Mailing Address

3400 BAY TO BAY,
TAMPA FL 33629

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

12/31/1973

3a. Date of Last Report

04/21/1995

4. FEI Number

59-1502277

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

SHIELDS JR, WILLIAM W.
3621 BARCELONA
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name SHIELDS JR, WILLIAM W.
82 Street Address (P.O. Box Number is Not Acceptable)
3400 BAY TO BAY BLVD.
83
84 City TAMPA FL 85 Zip Code 33629

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 607.0507, Florida Statutes.

SIGNATURE

X

MAR. 25, 1996

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PO	SHIELDS, WILLIAM W., JR.	705 SEAGATE DR.	TAMPA FL	☐
V	SHIELDS, WILLIAM W., III	C/O 3400 BAY TO BAY BLVD	TAMPA FL	☐
ST	SHIELDS, JOHN D.	4007 CORONA	TAMPA FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-STATE-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-STATE-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 registered agent or trustee, or authorized 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:

X William W. Shields Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 25, 1996 (813) 839-7706

CR2E034 (12/95)