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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 448582

(7)

KING ROOFING, INC.

Principal Place of Business

Mailing Address

2111 SW BOTH WAY

PO BOX 3636

## **FILED** May 02 1997 8:00am Secretary of State



| MIRAMAR FL 33029     |   | MIRAMAR FL 33083-3636          |                     |         |   | :                 |   |                   |                                |                          |  |
|----------------------|---|--------------------------------|---------------------|---------|---|-------------------|---|-------------------|--------------------------------|--------------------------|--|
|                      |   |                                |                     |         |   | 05/08/1974 05/01/ |   |                   | of Last Report                 |                          |  |
| 2. Principal Pl      | lace of Business  | 2a, Mailing Address            | 2a, Mailing Address |         |   | 4.                | . FEI Number  |                   |                                | Applied For              |  |
| 21                   |   | 26                             |                     |         |   | 59-1538745        |   |                   |                                | Not Applicable           |  |
| Suite, Apt. #, etc.  |   | Suite, Apt #, etc.             |                     |         |   | 5.                | . Certificate of Status Desired                       |                   | \$8.75 Additional Fee Required |                          |  |
| City & State         | Э   | City & State                   |                     |         |   | 6.                | Election Campaign Financing Trust Fund Contribution   |                   |                                | 00 May Be<br>ted to Fees |  |
| Zip 24               | Country<br>25   | 7 <sub>1</sub> p               | Cou                 | nlry    |   | 8.                | . This corporation has liability for Florida Statutes | intangible<br>Yes |                                | ler s. 199.032,          |  |
|                      | 9. Name and Address of Curren   | 15:1                           | 1001                |         |   | 10                | Name and Address of New Re                            |                   |                                |                          |  |
| KING                 | 3, LEONARD M  |                                |                     | 81      | Name                                    |                   |   |                   |                                |                          |  |
|                      | SW 60TH WAY   |                                | 1                   | 82      | Street Addre                            | 000 [             | P.O. Box Number is Not Acceptal                       | alo)              |                                |                          |  |
|                      | AMAR FL 33023   |                                | į                   |         | Oliver / Gore                           |                   | 7.0. 50× (40/100) 13 (40/7/000)(a)                    | ,,<br>            |                                |                          |  |
|                      |   |                                |                     | 83      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |   |                   | -                              |                          |  |
|                      |   |                                |                     | 84      | City                                    |                   |   | FI                | 85                             | Zip Code                 |  |
| 11. Pursuant t       | to the provisions of Sections 607.050   | 2 and 607 1508. Florida Statut | les the at          | I       | e-named coro                            | oratio            | on submits this statement for the r                   | purnose of        | changi                         | no its registered        |  |
| office or re         | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | of Florida. Such charige was a | authorized          | d by    | the corporati                           | on's              | board of directors. I hereby acce                     | ot the app        | ointmon                        | it as registered         |  |
| SIGNATURE            | Signature, typed or prested name of registered age                              | of and the if applicable (NOT  | It Registered       | LAge    | nt signature require                    | ed whe            | n renstatøg)  | DATE              |                                |                          |  |
| 12.                  | OFFICERS AN   |                                | 13.                 |         |   |                   | ADDITIONS/CHANGES TO OFFIC                            | CERS AND          |                                |                          |  |
| TITLE                | PD  | DELETE                         | 1.1 10              |         |   |                   |   |                   | Cha                            | nge [] Addition          |  |
| NAME                 | KING, LEONARD M.  |                                | 1.2 NA              |         |   |                   |   |                   |                                |                          |  |
| STREET ADDRESS       | 1801 SW 115TH AVE   |                                | 1.3 STREET ADDRESS  |         |   |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP          | DAVIE FL  | DELETE                         |                     |         | T-ZIP                                   |                   | ···········   |                   | Chai                           | nge Addition             |  |
| TITLE                |   | L Dittit                       | 2.1 70              |         |   |                   |   |                   | LT Office                      | ilde [7] voquion         |  |
| NAME                 |   |                                | 2.2 N/              |         | 4D00000                                 |                   |   |                   |                                |                          |  |
| STREET ADDRESS       |   |                                |                     |         | ADDRESS                                 |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP<br>TITLE |   | DELETE                         | 3.4 U               |         | ST - ZIP                                |                   |   |                   | Cha                            | nge [] Addition          |  |
| NAME                 |   |                                | 3 2 N/              |         | 1                                       |                   |   |                   | _                              |                          |  |
| STREET ADDRESS       |   |                                |                     |         | ADDRESS                                 |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP          |   |                                | 3 4. C              | ITY - S | ST-ZIP                                  |                   |   |                   |                                |                          |  |
| TITLE                |   | DETELE                         | 4.1 11              | TLF     |   |                   |   |                   | Cha                            | nge Addition             |  |
| NAME                 |   |                                | 4.2 N               | AME     |   |                   |   |                   |                                |                          |  |
| STREET ADDRESS       |   |                                | 4.3 \$1             | IREET   | ADDRESS                                 |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP          |   |                                | 4.4 CI              | TY - S  | 1 - Z(P                                 |                   |   |                   |                                |                          |  |
| TITLE                |   | ☐ DELETE                       | 5.1 10              | 1LE     |   |                   |   |                   | Cha                            | nge 🔲 Addition           |  |
| NAME                 |   |                                | 5.2 N               | AME.    |   |                   |   |                   |                                |                          |  |
| STREET ADDRESS       | *   |                                | 5.3 S               | REEL    | ADDRESS                                 |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP          |   | The rest                       |                     |         | T-7IP                                   |                   |   |                   |                                |                          |  |
| TITLE                |   | ☐ DELETE                       | 6.1 TI              |         |   |                   |   |                   | L] Cha                         | nge L_l Addition         |  |
| NAME                 |   |                                | 62 N/               |         |   |                   |   |                   |                                |                          |  |
| STREET ADDRESS       |   |                                |                     |         | ADDRESS                                 |                   |   |                   |                                |                          |  |
| CITY-ST-ZIP          |   |                                | 64C                 | 1Y-S    | J-ZIP                                   |                   |   | <del></del>       |                                |                          |  |

I do 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 execurate 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 or provents 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.