

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 # 482818 (2)

1. Corporation Name

TRANS COASTAL ROOFING COMPANY

Principal Place of Business

7630 N.W. 6TH AVE.  
BOCA RATON FL 33487-1320

Mailing Address

7630 N.W. 6TH AVE.  
BOCA RATON FL 33487-1320



2. Principal Place of Business  
21 1425 Wilkins Avenue  
Suite, Apt. #, etc.  
22  
City & State  
23 West Palm Beach, FL  
Zip  
24 33401  
Country  
25 USA

2a. Mailing Address  
26 1425 Wilkins Avenue  
Suite, Apt. #, etc.  
27  
City & State  
28 West Palm Beach, FL  
Zip  
29 33401  
Country  
30 USA

3. Date Incorporated or Qualified 08/08/1975  
3a. Date of Last Report 04/14/1995  
4. FEI Number 59-1625635  
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

POORTMAN, C.J.  
7630 N.W. 6TH AVE.  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name Burgard, Duane  
82 Street Address (P.O. Box Number is Not Acceptable)  
1425 Wilkins Avenue  
83  
84 City West Palm Beach FL 85 Zip Code 33401

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 Duane Burgard

Signature, typed or printed name of registered agent and title if applicable

(If Not: Registered Agent signature and name (when reinstating))

DATE 4/13/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSD		XX DELETE
	POORTMAN, C.J.	7630 N.W. 6TH AVE.	BOCA RATON FL
	ST		<input type="checkbox"/> DELETE
	COCHRANE, G.R.	7630 N.W. 6TH AVE.	BOCA RATON FL
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
S/T/D		1425 Wilkins Avenue	West Palm Beach, FL 33401
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
P/D	Burgard, Duane	1425 Wilkins Avenue	West Palm Beach, FL 33401
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
VP/D	Casey, Mark Terrell	1425 Wilkins Avenue	West Palm Beach, FL 33401
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		300001822029	-05/15/96--01039--002
		***200.00	
6.1 TITLE	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: S.P. Cochrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

DATE

407/835-4952

DAYTIME PHONE #

CR2E034 (12/95)