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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 484514

4514 (5)

GUY BROTHER'S ROOFING, INC.

FILED
May 13 1997 8:00am
Secretary of State

Principal Place of Business 218 HEWITT STREET P.O. BOX 17839 PENSACOLA FL 32505-5803 US		Mailing Address P.O. BOX 17839 PENSACOLA FL 32522-7839 US			3. Date Incorporated or Qualified				
2. Principal F	Place of Business	2a. Mailing Addr	ess	*************		4. FEI Number	1 9913		plied For
21		26				59-1648158		No	t Applicable
Suite, Apt 22	#, etc	Surte, Apt. #,	Surte, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zφ	Zip Country Zip		——————————————————————————————————————			8. This corporation has tiability for intangible tax under s. 199.032,			
24	25	[29]	30		·····		<u> </u>] No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent	
	y, ronald t.			B1	Name				
2219 W JORDON ST. PENSACOLA FL 32505				82 Street A		fress (P.O. Box Number is Not Acceptab	ile)		
				83					
				84	City		FL	85 Zip (Code
12.	Signatur Typea or presed hand of registered in OFFICERS A	agent and little if applicable IND DIRECTORS DE	1	itered Age 13. 1 TITLE	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR Change	IS IN 12
NAMÉ	GUY, RONALD T	hand to		.2 NAME				- Contraction	, 100 in 10
SUREET AFFORESS	ACCULATION HAS THE		4		ADDRESS				
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CITY-ST-26	.1			.4 UII Y - D					
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	V GUY, MICHAEL F	DE	ELETE 2		11-217	<i>ξ</i> ·		Change	Addition
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Title NAME	5659 CULPPER CR PACE, FL 00000		ELETE 2 2 2 2	1 TITLE 2 NAME	ADDRESS	\$* ·			
TOTALE NAME STREET ACORESS	5659 CULPPER CR PACE, FL 00000 ST	DE	ELETE 2 2 2 2 2 ELETE 3	.1 TITLE 2 NAME 3 STREET . 4 CITY-1	ADDRESS	;·		Change	Addition
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14. 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 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:

TYPED ON PHILITED NAME OF SIGNAND OFFICER OR DIRECTOR

Dayling Prione P