

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 494077 (1)

1. Corporation Name

GULF COAST ROOFING COMPANY, INC.



Principal Place of Business

P O BOX 7818
NAPLES FL 33941

Mailing Address

P O BOX 7818
NAPLES FL 33941

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

HILL, FREDRIC C.
9974 BOCA CIRCLE
NAPLES FL 33942

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/26/1976

3a. Date of Last Report

04/27/1995

4. FLE Number

59-1642967

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

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 607.1603, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PD
HILL, FREDRIC C
9974 BOCA CIRCLE
NAPLES FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent

CR2E034 (12/95)