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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 557544 (4)

FORD ROOFING, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	LINT NAME NEGRE NITHE WINE NEDEL MINIE ENGI
2974 ST. AUGUSTINE ROAD  JACKSONVILLE FL 32207  DO NOT WRITI	E IN THIS SPACE
3. Date Incorporated or Qualified 01/19/1978	
2, Principal Place of Business 2a, Mailing Address 4, FEI Number	Applied For
26 59-1786570	Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   5, Certificate of Status Desired	\$8.75 Additional
22 27	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zφ Country 8. This corporation owes or has po	120
24 25 29 30 Personal Property Tax due June  9 Name and Address of Current Registered Agent  10 Name and Address of New Re	A
FORD, H. HENRY R. B1 Name	ogistorou Agont
2074 ST ALIQUETNIE DOAD	
JACKSONVILLE FL 32207  82 Street Address (P.O. Box Number is Not Accepta	ble)
63	
<b>84</b> City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby acce	ept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Storatore, typed or printed name of registered and little if amplicable (NOTE, Registered Agent a gnature required when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent a gnature required when reinstating)	
Signature. Systed or printed name of registered and little if applicabile (NOTE: Registered Agent a gnature required when reinstalling)	
Signature. Systed or printed name of regestered and little if applicability.  (NOTE: Registered Agont a gnature required when reinstalling)  12, OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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14. I 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 organ attachment with an address