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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT  1997			Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				Secretary of State				
DOCUMENT # 563610 (5) 1. Corporation Name J. & D. PULLES CONTRACTORS COMPANY, INC.  Principal Place of Business 3499 W 4TH AVE HIALEAH FL 33012 HIALEAH FL 330143584											
		U\$				}	3. Date Incorporated or Qualified	3a. Date of		eport	}
	ace of Business		iling Address			]	03/31/1978 4. FEI Number 59-6599227	06/04/1	Ар	plied For	
21 827. Suite, Apt #	, etc.	Su	Suite, Apt. #, etc.			<u>_</u>	5. Certificate of Status Desired	Not Applicable saled \$8.75 Additional Fee Required			
City & State	ind T	····	y & State				Election Campaign Financing     Trust Fund Contribution			May Be	
7(p) <b>3</b> 3	Country Zip			Coun	······································			for intangible tax under s. 199.032,			
	9. Name and Addre	ess of Current Registere	d Agent				10. Name and Address of New Re	gistered Ager	it		
PULL	.es, juan v.			1	Name						1
3499	W 4TH AVE			\ <u></u>	32 Street	Addres	s (P.O. Box Number is Not Acceptab				{
HILE	AH FL 33012			]	Silver.	7,00,00	s (1.0. box Hamber is 110) Acceptat	~O)			ļ
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				μ,	City			FL 65	Zip (	Code	1
11. Pursuant te	o the provisions of Sec	tions 607.0502 and 607.1	508. Florida Statut	es, the ab	ove-named	corpor	ation submits this statement for the p	urpose of cha	naina itr	s registered	ĺ
office or re	gistered agent, or bot	h, in the State of Florida	Such change was	authorized	by the con	poration	ation submits this statement for the p is board of directors. I hereby accep	ot the appointr	nent as	registered	ļ
agent Lan	n tamikar with, and acc	cept the obligations of, Se	ection 607.0505, Fi	orida Statu	les.						1
SIGNATURE ;	Samuel to Care at or printed non-	e of registered agent and the if ap-	(NOI)	F Bagistered	Agent cioneture	e required	when reinstating)	DATE			1
12.		OFFICERS AND DIRECTO		13.	agont signature	BICQUIEG	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	lá
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I do hereby certify that the information supplied with this filling does not quality 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:

TORE REQUIRED TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 557-0101

**FILED** 

Apr 17 1997 8:00am

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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # M53244 (3)G.C. & ROOFING, INC. Principal Place of Business Mailing Address 8275 W. 12 AVE. 3499 W 4TH AVE HIALEAH FL 33012 HALEAH FL 33014-3584 3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1987 06/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8275W 12 AVE 59-2820876 Not Applicable 21 26 uite Apt # etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Herteal Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, DAde Yes No Florida Statutes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PULLES, JUAN 3499 W 4TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 HIALEAH FL 33012 83 84 City 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 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature tryanstine protectional erolling stered agent and title if apprecable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. (96/6) **PSD** DELETE Change Addition 1.1 TITLE TITLE **PULLES, JUAN** NAME 1.2 NAME CR2E034 8242 NW 164 ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CPY-SE-769 1.4 CITY - ST - ZIP DELETE Addition Change Talle 2.1 TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-ST ZIP DELETE Change \_\_\_ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ACIDRESS 3 4. CITY - ST - ZIP CHY: \$1-70° DELETE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS SUBSELLAD/1005S 4.4 CITY-ST-ZIP CHY-SI-ZIE DELETÉ Change Addition 5.1 TITLE TRUE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2IP City - St - ZiP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY-ST-ZIP

14. I do hereby cort ly 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

SIGNATURE:

REOUNDED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.