

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **579396** (3)

1. Corporation Name
MIKESSELL ROOFING COMPANY.

Principal Place of Business

**525 EVEREST ROAD
S. VENICE FL 34283**

Mailing Address

**525 EVEREST ROAD
S. VENICE FL 34283-5502**



2. Principal Place of Business
350 S. Seaboard Ave.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

City & State

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3. Date Incorporated or Qualified

07/19/1978

3a. Date of Last Report

05/17/1996

4. FEI Number

59-1832915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**MIKESSELL, ROBERT P
525 EVEREST RD
S. VENICE, FLA.
33595**

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD MIKESSELL, ROBERT P.**

STREET ADDRESS **525 EVEREST ROAD**

CITY - ST - ZIP **S. VENICE FL**

TITLE ☐ DELETE

NAME **VDT MIKESSELL, DOUGLAS P.**

STREET ADDRESS **742 MANGROVE ROAD**

CITY - ST - ZIP **S. VENICE FL**

TITLE ☐ DELETE

NAME **S MIKESSELL, HELGA M.**

STREET ADDRESS **525 EVEREST ROAD**

CITY - ST - ZIP **S. VENICE FL**

TITLE ☐ DELETE

NAME **VP CHANLES**

STREET ADDRESS **32 EXPRESS RD**

CITY - ST - ZIP **S. VENICE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: **Robert P. Mikessell**

Date

Daytime Phone #

4-27-97

941 488-7600

CR2E034 (9/96)