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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 629939

(0)

SUTTER ROOFING COMPANY OF FLORIDA

D4 (C

Mailing Address

FILED

Apr 21 1997 8:00am

Secretary of State

1763 APEX ROAD SARASOTA FL 34240		1763 APEX ROAD SARASOTA FL 34240-9386									
						3. Date Incorporated or Qualified 07/18/1979	3a. Da	te of L 23/19		eport	
	Place of Business	2a. Mailing Address	-			4. FEI Number	Inpplied I			plied For	
21	# ato	26				59-1923325	59-1923325 Not Applical				
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required			
City & Stat	le	City & State	 			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cour 30	Country 8. This corporation has liability to Florida Statutes				r intangible tax under s. 199.032, ☐ Yes ☐ No			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent			
	TER,DOUGLAS C.		Į:	81	Name						
	3 APEX RD. ASOTA FL 34240		i	82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)				
			Ī	B 3						,	
			ī	84	City		FI	85	Zip (Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli- signature, typed or printed name of registerce as	gations of, Section 607.0505,	, Fiorida Statu	nes.	•	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of t the app	chang pintme	ing it: nt as	s registered registered	
12.		ND DIRECTORS	13.	Agen	i signature requ	ADDITIONS/CHANGES TO OFFIC		DIDE	ארוי	C IN 12	
TITLE	P	☐ DELETE	1.1 TITL	.F		NOOMINGO IN MALO TO CITTO	EIIO MIID	☐ Ch		Addition	
NAME	SUTTER, STEPHEN F.		1.2 NAN	ΛE					•		
STREET ADDRESS	609 ALBEE RD. W.		1.3 STR	1.3 STREET ADDRESS							
CITY-ST-ZIP	NOKOMIS FL		1.4 C(T)		- ZIP						
TITLE	ST COTTED MEUNIDAD	☐ DELETE	2.1					Ch	ange	Addition	
NAME STREET ADDRESS	SUTTER, MELINDA D. 609 ALBEE RD. W.		2.2 NAN								
CITY-ST-ZIP	NMOKOMIS FL				ADDRESS						
TITLE	VP	DELETE	2. 4 CIT		1 - ZIP			☐ Ch	anne	Addition	
NAME	SUTTER, DOUGLAS C.	_	3.2 NAM						,60		
STREET ADDRESS	1856 BAYWOOD DR.		3.3 STR	EETA	ADDRESS						
CITY-ST-ZIP	SARASOTA FL		3.4. CIT	Y-SI	r-ZiP					,	
TITLE	VP	DELETE	4.1 THE	E				Chi	inge	☐ Addition	
NAME	BETTY RANKEN	A1	4 2 NAI								
STREET ADDRESS	7216 W. COUNTRY CLUB DR. SARASOTA FL	. N.			ADDRESS						
CITY-ST-ZIP TITLE	OAMOUIA FL	DELETE	4.4 City 5.1 Titu		- ZIP			☐ Cha	ndo.	Addition	
NAME		E Dettit	5.1 IIIL 5.2 NAM					U Ulli	របសិន	L., Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-2JP	.1		5.4 CITY								
TITLE	- ;	DELETE	6.1 TITL				 -	☐ Cha	ange	☐ Addition	
NAME			6.2 NAM	ΛE					-		
STREET ADDRESS			6.3 STRI	EE1 A	DDRESS						
CITY-ST-ZIP			64.003	/ 61	- 210						

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 receipt 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 arachment with an address.

HHTI Kno by

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