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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	JAL REPORT <b>1997</b>		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
DOCUMENT # 644996 1. Corporation Name DREW DUNCAN ROOFING, INC.  Principal Place of Business 10475 RIVERSIDE DRIVE  10475 RIVERSIDE DRIVE								
	GARDENS FL 334	0	PALM BEACH GAP		<b>-4237</b>	Date Incorporated or Qualified	3a. Date of Last Re	nort 1
mga ngamanan a a a g	The second of th	NAMES COME AND ADDRESS OF THE PARTY OF THE P				11/13/1979	02/23/1996	
2. Principal i 21	Place of Business		2a. Mailing Addre	SS		4. FEI Number 59-1984136		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ \$8.75 A		
City & Sta	te		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 t	
Zip <b>24</b>	25	Country	Ζφ <b>29</b>	30 Co	untry	8. This corporation has liability for in Florida Statutes	ntangible tax under s.  Yes No	199.032,
	9. Name and NCAN, DREW R	Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
PAL		DENS FL 33410			83 84 City	dress (P.O. Box Number is Not Acceptab	FL  85   Zip C	
office or agent 1 a		of Sections 607.0502 to both, in the State of accept the obligation accept the obligation of the oblig	and litle if applicable		poye-named corporal and by the corporal stutes.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	***************************************
TITLE	PTD		☐ DEL	****	ITLE		☐ Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP	DUNCAN, DF 1028 HUNT ( PALM BEACK	CLUB LANE		135	IAME STREET ADDRESS STY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	T BLANCETT, \ 10475 RIVER PALM BEACH	SIDE DRIVE	☐ DEL	ETE 211 22h 235	ITLE		☐ Change	Addition
THEE NAME STREET ADDRESS	SD SMITH, CLAU 3993 SW LEI	ID GHTON FARM AVE	DEL.	ETE 3.1 T 3.2 M 3.3 S	ITLE		Change	Addition
CHY-SI- 7P	PALMUIITE	L						
CITY-ST-ZIP THLE NAME STREET ADDRESS CULY-ST-ZIP	PALM CITY F		☐ D£L	ETE 4.1 T 4.21 4.3 S	ITLE NAME ITREET ADDRESS		Change	Addition
TITLE	FALM CITY F		☐ D£L	ETE 4.1 T 4.24 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE NAME TREET ADDRESS ITY- ST- ZIP ITLE		Change	Addition  Addition

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.0/(3)(i), Florida statutes. I turner certify that the information indicated on this annual report or pupplemental annual reports if ue and accurate and that my signature shall have the same legal effect as if made under oath; that larn an officer or director of the corporation of the receiver or trustee embpwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, on an attachment with interfaces.

GNATURE:

One of the corporation of the corporation of the receiver or trustee embpwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, on an attachment with interfaces.

DREW

One of the corporation of the corporation of the receiver or trustee embpwered to execute this report as required by Chapter 607, Florida Statutes. I turner certify that the same legal effect as if made under oath; that larn an officer or director of the corporation of the corporation

SIGNATURE:

SIGNATURE AND TYPED O

FILED

Apr 23 1997 8:00am