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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

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1-30-97 941.763- 4982

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 668163

(9)

SEEBER ROOFING OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address								. I MOUNT OFFICO BINDS HEIDT SINCE DIER HIFF	JIMA DIDA DI		/(0
1700 N.E. 131S OKEECHOBEE		1700 N.E. 131ST LANE OKEECHOBEE FL 34972-8539									
							3. Date Incorporated or Qualified				
2. Principal Pt	lace of Busin	2a. Mailing A	2a. Mailing Address				4. FEI Number 59-1996519		 -	plied For Applicable	
Suite, Apt	#, etc	Suite, Ap	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27	<u> </u>				S. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State) 	28 City & Sta				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 29 29 29 29 29 29 29 29 29 29 29 29							Florida Statutes Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent SEEBER, LEROY H.							Name	10. Name and Address of New Ne	Jistered /	Agent	
) N.E. 1319								,		
	ECHOBEE					82	Street Addre	ss (P.O. Box Number is Not Acceptab	de)		
1						83	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
						64	City		FL	85 Zip (Code
office or r	egistered ac	gent, or both, in the St	0502 and 607.1508, F tate of Florida Such c bligations of, Section 6	the corporation	oration submits this statement for the pon's board of directors. I hereby access	urpose of at the app	changing it ointment as	s registered registered			
SIGNATURE											
12.	Stgriature types	To point range of registeres	d agent and tick if applicable AND DIRECTORS	(NO:	TE: Registere	d Age	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECTOR	Q IN 12
TITLE	PSD	OFFICERS.		DELETE	1.1 [THE		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME		LEROY H.	_	121							
STREET ADDRESS 1700 N.E. 131ST LANE				1			ADDRESS				'
C/TY-ST-ZIP	OKEECH	OBEE FL					T-ZIP				
TOTALE				DELETE	2.1 T	TLE				Change	Addition
NAME					2.2 N	AME					
STREEL ADDRESS					235	TREET	ADDRESS				
CHTY-ST-ZIP				Lociere			ST-ZIP			<u> </u>	
TITLE			L	J DELETE	317					L Change	☐ Addition
NAME OVERT ADDRESS					3.2 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP							ST-ZIP				
TITLE				DELETE	4,1 T		DI-TIL			Change	Addition
NAME				-		IAME				_ •	
STREET ADORESS	Ì				4.3 \$	TREET	ADDRESS				
CITY ST-2IP							T-21P				
TITLE				DELETE	5.1 T	TLE				Change	☐ Addition
NAME					5.2 N	AME	ļ				
STREET ADDRESS					5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP							T-ZIP				
TITLE	1			DELETE	6.1 T	TLE				Change	Addition
NAME					6.2 N	AME					
STREET ADDRESS					6.3 \$	TREET	ADDRESS				į
1 0.7. 0- 3/0	r				■ a · ∧	JT. 4	T 310				

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 ji_changed, or on an attachment with an address.