

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ORIGINAL TO BE FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698574 (1)

1. Corporation Name

HAROLD TURNER ROOFING, INC.



Principal Place of Business

Mailing Address

611 COMMERCE WAY #A
P O BOX 1187
JUPITER FL 33468

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P O BOX 1187
JUPITER FL 33468

3. Date Incorporated or Qualified
08/12/1981

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2119141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

TURNER, HAROLD E
611 COMMERCE WAY STE. A
JUPITER FL 33458

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME TURNER, KATHLEEN ☐ DELETE
STREET ADDRESS 611 COMMERCE WAY STE. A
CITY- ST- ZIP JUPITER, FL 33458

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DPT
NAME TURNER, HAROLD E ☐ DELETE
STREET ADDRESS 611 COMMERCE WAY STE. A
CITY- ST- ZIP JUPITER, FL 33458

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kathleen A. Turner

KATHLEEN A. TURNER 2-19-96

407-746-3804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)