

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2119141	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	Kathleen A. Turner
82	Street Address (P.O. Box Number is Not Acceptable)	611 Commerce Way Ste. A
83		
84	City	Jupiter
85	Zip Code	FL 33458

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 **Kathleen A. Turner Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, KATHLEEN	1.2 NAME	Kathleen A. Turner
STREET ADDRESS	611 COMMERCE WAY STE. A	1.3 STREET ADDRESS	611 Commerce Way Ste. A
CITY-ST-ZIP	JUPITER, FL 33458	1.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	DPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, HAROLD E	2.2 NAME	Gregory McDonald
STREET ADDRESS	611 COMMERCE WAY STE. A	2.3 STREET ADDRESS	611 Commerce Way Ste. A
CITY-ST-ZIP	JUPITER, FL 33458	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Kathleen A. Turner** **1-5-98**

CR2E034 (10/97)