

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770075 (0)

1. Corporation Name

RIDGE COUNTIES ROOFING & SHEET METAL CONTRACTORS
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

623 PARK ST.
POST OFFICE BOX 1237
SEBRING FL 33871

623 PARK ST.
POST OFFICE BOX 1237
SEBRING FL 33871

3. Date Incorporated or Qualified
09/01/1983

3a. Date of Last Report
05/01/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORPE, C. G., JR.
623 PARK ST.
SEBRING FL 33870

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THORPE, C. G., JR.
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE V
NAME BOWEN, B. T., IV
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE S
NAME BRDY, R. C.
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE T
NAME BROOKINS, DORENE
STREET ADDRESS P.O. BOX 2178 NA
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE D
NAME BOWEN, III., BRAD
STREET ADDRESS 623 PARK STREET
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D
NAME GRAUER, JAMES
STREET ADDRESS 4470 OLD COLONY RD.
CITY-ST-ZIP MULBERRY FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100001797641
-04/29/96--01025--005
***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)