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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33871623 PARK ST.
POST OFFICE BOX 1237
SEBRING FL 33871-12373. Date Incorporated or Qualified
09/01/19833a. Date of Last Report
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME THORPE, C. G., JR.
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME Don Marchman
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☒ DELETENAME BOWEN, B. T., IV
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL2.1 TITLE V ☒ Change ☐ Addition2.2 NAME DEAN NORMAN
2.3 STREET ADDRESS 3515 Heid Rd
2.4 CITY-ST-ZIP Sebring FL 33870TITLE S ☐ DELETENAME BRDY, R. C.
STREET ADDRESS 623 PARK ST.
CITY-ST-ZIP SEBRING FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☒ DELETENAME BROOKINS, DORENE
STREET ADDRESS P.O. BOX 2178 NA
CITY-ST-ZIP WINTER HAVEN FL4.1 TITLE T ☒ Change ☐ Addition4.2 NAME R.C. BRADY
4.3 STREET ADDRESS 623 Park St
4.4 CITY-ST-ZIP Sebring FL 33870TITLE D ☐ DELETENAME BOWEN, III., BRAD
STREET ADDRESS 623 PARK STREET
CITY-ST-ZIP SEBRING FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETENAME GRAUER, JAMES
STREET ADDRESS 4470 OLD COLONY RD.
CITY-ST-ZIP MULBERRY FL6.1 TITLE D ☒ Change ☐ Addition6.2 NAME B.T. BOWEN II
6.3 STREET ADDRESS 623 Park St
6.4 CITY-ST-ZIP Sebring FL 33870

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert C. Brady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/21/97 941-385-0351
Date Daytime Phone # 0064326

CR2E037 (9/96)