

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000001874 (7)**
1. Corporation Name

NATIONAL ROOFING OF SOUTH FLORIDA, INC.



Principal Place of Business

P.O. BOX 4871
BALTIMORE MD 21211

Mailing Address

P.O. BOX 4871
BALTIMORE MD 21211

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CRISPINO, CARLO L
642 DEERHURST DR
MELBOURNE FL 32940**

3. Date Incorporated or Qualified
04/16/1993

3a. Date of Last Report
04/28/1995

4. FEI Number

52-0812654

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

10. Name and Address of New Registered Agent

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 of this corporation

NOTE: Block 13 requires signature of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **CRISPINO, CARLO L**
STREET ADDRESS **642 DEERHURST DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VCV** ☐ DELETE
NAME **CRISPINO, LOUIS T**
STREET ADDRESS **916 HILLSTEAD DR**
CITY-ST-ZIP **LUTHERVILLE MD**

TITLE **DS** ☐ DELETE
NAME **CRISPINO, ROSE M**
STREET ADDRESS **642 DEERHURST DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **DT** ☐ DELETE
NAME **ZAPORA, DEBORAH L**
STREET ADDRESS **1335 VOULOIR COURT**
CITY-ST-ZIP **FALLSTON MD 21047**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **513 Talbott Avenue**
4.4 CITY-ST-ZIP **Lutherville, MD 21093**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 registered agent 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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS T. CRISPINO PRESIDENT

4/10/96 (410) 235-5827

CR2E034 (12/95)