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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 🔌	Ph. 1. 1	tary of State CORPORATIONS			
DOCUN 1. Corporation	MENT # H265	33 (0)				
	TE ROOFING CONTRAC	TORS, INC.		I Abrilli biya mala dilay amad amb	<b>8</b>	APA BIDIN BIBNA HABA
inopal Place i	o' Business	Mailing Address				
3191-46TH AVI	ENUE N.	8191-46TH AVENUE N.				4.4 6.4 106.
BUILDING A	JRG FL 33709	BUILDING A		ļ		
or retendo	ond FL 33708	St. Petersburg fl. (	33709	3. Date Incorporated or Qualified 10/22/1984	3a. Date of Last 04/20/19	
Principal Plac	ce of Business	2a. Maing Address		4. FEI Number	1 04/20/14	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		59-2515361		Not Applicable
A		27		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing		00 May Be
Z <sub>(p)</sub>	Country 25	Ζφ [29]	Country 30	Trust Fund Contribution  8. This corporation has liability for it Florida Statutes Yes	intangible tax under	s 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R		
GRIECO,	DANIEL I		81 Name			
19139 GU			82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
	HORES 34635		83			
		•	84 City		7	<del> </del>
Porsoant to	the provisions of Sections 607.06	02 and 607 1500 Florida Out A	"			Zip Code
or registered	of agent, or both, in the State of Fig.	oz and 607, 1506, Florida Statite orida. Such change was authorize ction 607, 0506, Florida Statistas	es, the above-named corpored by the corporation's boa	oration submits this statement for the purport of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
familiar with BNATUBL İst	, and accept the obligations of, Se	ction 607.0505, Florida Statutes.	E: Registored Agent signature require	ad when reinstancy)	DATE	od agent. I am
familiar with	, and accept the obligations of, Se guides, bired or private rank of registered as OFFICERS A	ction 607.0505, Florida Statutes.	or by the corporation a pos	and or onectors. Thereby accept the appo	DATE  CERS AND DIRECT	ORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (813) 546-3000