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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H28751

JOHN RODDY ROOFING, INC.

(6)

FILED Feb 04 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1391 ROBIN HOOD LANE P.O. BOX 266 DUNEDIN FL 34698 DUNEDIN FL 34697-0266					······································				
						3. Date Incorporated or Qualified 11/05/1984		te of Last R 5/1996	eport
······································	Place of Business	28. Mailing Address	3			4. FEI Number		Ar	oplied For
Suite, Apt	h H etc	26 Suito Ant # 01	Suite, Apt #. etc.			59-2464000			ot Applicable
22	t #, 6tc.	27	Suite, Apr. W. Bic.			5. Certificate of Status Desired \$8.75 Addition Fee Required			
City & Sta	ate	City & State				6. Election Campaign Financing			
23	**************************************	28				Trust Fund Contribution			to Fees
Zip	Country Zip		├ ──┐	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 9. Name and Address of Cui	29 rrent Registered Agent	30			10. Name and Address of New Reg			
RO	DDDY, JOHN F			81	Name				
89	8 EMERSON DR			82	Street Add	Iress (P.O. Box Number is Not Acceptab	(e)		
DU	INEDIN FL 34698								
				83					
				84	City		FL	85 Zip	Code
11 Purcuan	to the provisions of Sections 607	(ISO2 and 607 1508, Florida	Statutes the a	boye	a-named cor	noration submits this statement for the n		changing i	te registered
office or	r registered agent, or both, in the Si am familiar with, and accept the of	tate of Florida. Such change	was authorize	d by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appo	ointment as	registered
-		oligations of Section 607.05	us, rionda sta	KUIBS	5 .				
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registere	ed Age	int signature requ	ired when reinstating)	DATE	·····	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	PODDY IOUNE	☐ DELE	TE 1.1 T	TILE				Change	Addition
NAME	RODDY, JOHN F 898 EMERSON DRIVE		1.2 N						
STREET ADDRESS	DUNEDIN FL 34698		1		ADDRESS				
CITY-ST-ZIP	VP VP	DELE		TITLE	IT - ZIP			Change	Addition
NAME	WARD, DANIEL		2.2 N		Ì			Cinnigo	riodinon
STREET ADDRESS	10 DOLLOLAS AVE				ADDRESS	\tilde{e}_{-1}			
CITY-SI-ZIP	DUNEDIN FL 34698		2 4 (CITY-5	ST-ZIP				
TITLE	VP.	DELE						Change	Addition Addition
NAME	AUSTIN, DAVID		32 N	IAME	ļ				
STREET ADORESS	1001 GREENWOOD AVE.		3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL				ST-ZIP			Change	A 2290 co
TITLE									Addition
		DELE	· · · ·					L Cusinge	
NAME		DELE	4.21	NAME				[""] CISHGE	
STREET ADDRESS	s	DELE	4.21 4.3 S	NAME Street	ADDRESS			[] CINIGO	
STREET ADDRESS CITY - S1 - ZIP	\$		4.21 4.3 S 4.4 C	NAME STREET CITY-S	ADDRESS ST-ZIP				Addition
STREET ADDRESS CITY - S1 - ZIP TITLE	S	DELE	4. 2 I 4.3 S 4.4 C TE 5.1 T	NAME STREET STY-S TITLE				Change	☐ Addition
STREET ADDRESS CITY-S1-ZIP TITLE NAME			4.21 4.3 S 4.4 C TE 5.1 T 5.2 N	NAME STREET CITY-S TITLE NAME	ST-ZIP				Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS			4.21 4.3 S 4.4 C TE 5.1 T 5.2 N 5.3 S	NAME STREET CITY-S TITLE NAME STREET	ST-ZIP ADDRESS				Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		DELE	4.21 4.3 S 4.4 C TE 5.1 T 5.2 N 5.3 S 5.4 C	NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP				☐ Addition
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE			4.21 4.3 S 4.4 C TE 5.1 T 5.2 N 5.3 S 6.4 C TE 6.1 T	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ST-ZIP ADDRESS			☐ Change	
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	S	DELE	4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 6.4 C TE 6.1 T 6.2 N	NAME STREET OTY-S TITLE NAME STREET OTY-S TITLE	ST-ZIP ADDRESS ST-ZIP			☐ Change	
STREET ADDRESS CITY - S1 - ZIP TITLE NAME STREET ADDRESS CITY - S1 - ZIP TITLE	S	DELE	4.21 4.3 S 4.4 C TE 5.1 T 52 N 5.3 S 5.4 C TE 6.1 T 6.2 N 6.3 S	NAME STREET CITY-S TITLE STREET CITY-S TITLE NAME STREET	ST-ZIP ADDRESS			☐ Change	

14. Ido 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.