## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H51366

(3)

| ROY | MIMBS     | ROOFING.  | INC   |
|-----|-----------|-----------|-------|
| nuı | MILLIAIDS | TOOL ING. | III U |

| 12250 DORIS RD PARRISH FL 34219         12250 DORIS RD PARRISH FL 34219         3. Date Incorporated or Qualified Odd Parrish FL 34219         3a. Date of Last Report Odd Parrish FL 34219           2. Principal Place of Busines*,  |                        | IIMBS ROOFING, INC.  | Mailing Address  |                                     |  |  |  |
|--|------------------------|--|--|-------------------------------------|--|--|--|
| 2. Pincipal Pace of Business   2. Mailing Addison   3. Date Introduce of Quality 1985   04/21/   |                        |  | 12250 DORIS RD   | 12250 DORIS RD                      |  |  |  |
| 2. Principal Process   2. Mary Addices   2. Mary Addices   3. Mary Application   2. Mary Addices   3. Mary Application   3. Mary Addition   3. Mary Addition   3. Mary Addition   3. Mary Addition   3. Mary Application   3. Mary Addition   3. Mar   | PARRISH FL             | 34218  | PARRISH FL 34219   | ,                                   |  | , '  | ' ' '  |
| Such Apt # etc   Suite Apt #, et | 2. Principal F         | Place of Business  | 2a. Mailing Addres                                       | ·S                                  | ***************************************  | 4. FEI Number  | Applied For  |
| Such Apt # etc   Suite Apt #, et | 21                     |  | 26   |                                     |  | 59-2469616   | Not Applicable   |
| 27   | Suite, Apt. #, etc.    |  | Suite. Apt. #, e   | Suite. Apt. #, etc                  |  |  | 1 1 '  |
| 20   | 22                     |  |  | <u></u>                             |  |  | and the second of the second o |
| Zip  |                        |  | ⊢¬ ′   | <u>⊢</u> ¬, ′                       |  | · -  |  |
| 25   28   28   30   Florida Statules   Verico   No. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and N   | 7:0                    | Constant   |  | T                                   | and the contract of the contra | never central representatives of the consumeration construction and the construction of the construction o |  |
| Name and Address of New Registered Agent   Si Name   Nam   |                        | ·····  | r1   |                                     | i iti y  | · · · · · · · · · · · · · · · · · · ·  | ′  |
| Name   | 24                     |  |  | [30]                                |  |  |  |
| 1400 4TH AVENUE, WEST BRADENTON FL   |                        |  |  |                                     | 81 Name  |  |  |
| 11. Pursuant to the processors of Sections 607 0507 and 607 1508, Foods Statutes, the above named consistants with 5 his statement for the proposed of changing as registered agent or front in the State of Florida Subject one was authorized by the corporation's board of circulors. Therefore specific agent and from with an accept the object one Of 0505, Florida Statutes, the above named consistant submits his statement for the proposation of the proposation is board of circulors. Therefore specific agent and from the object one of 050 0505, Florida Statutes agent and from the object of circulors as complete one of 050 0505, Florida Statutes agent and from the object of circulors. Therefore agent and from the object of circulors as complete to the proposition of the object of circulors. Therefore agent and from the object of circulors are control.    12   |                        |  |  |                                     |  | (00.0)   |  |
| TIL Parsame to the provision of Sector's 607 0502 and 607 1508, Fonds Statiles, the above same of comprehens submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such ichange was authorised by the composition's board of exectors. Thereby accept the appointment of sector 607 0505, Florids Statiles.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  17. SIMMONS, CURTIS  17. DELETE  17. DELETE  17. SIMMONS, CURTIS  17. STEP ADDITION FL.  10. DELETE  27. INITE  17. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  17. STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TO STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TO STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TO STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TO STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TO STEP ADDITION FL.  10. DELETE  27. INITE  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS  |                        |  |  |                                     | 82 Street Add  | ress (P.O. Box Number is Not Acceptable  | €)   |
| 1.   Pursuant to the procession of Sections 607 0502 and 607 1508, Florida Statutes, the above-samed corporations submits his statement for the purpose of changing its rejustaced agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes   1   | BR                     | ADENTON FL   |  |                                     | 83   |  |  |
| 1.   Pursuant to the procession of Sections 607 0502 and 607 1508, Florida Statutes, the above-samed corporations submits his statement for the purpose of changing its rejustaced agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes   1   |                        |  |  |                                     | 84 City  |  | les   Zin Code   |
| agent   agent   agent   and accept the obligations of Section 607 6505. Florida Statuties  SIGNATURE    Cofficers AND DIRECTORS   13.  |                        |  |  |                                     | Only   |  | FL   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 12.  | office or<br>agent 1 a | registered agent, or both, in the Stat<br>am familiar with, and accept the oblig | te of Floridal Such change<br>gations of, Section 607.05 | was authorized<br>05, Florida Stati | by the corporatites  | ion's board of directors. Thereby accept   | the appointment ås registered  |
| NAME   SIMMONS, CURTIS   12 NAME   13 STREET ADDRESS   1735 28TH AVENUE   13 STREET ADDRESS   1735 28TH AVENUE   14 CITY-ST-20F  | 12.                    |  | ······   |                                     |  |  |  |
| STREET ADDRESS   1735 28TH AVENUE   BRADENTON FL   | TiTLE                  | VP   | DELE   | TE 1.1 Ts                           | 1LE  |  | Change Addition  |
| STREET ADDRESS   1735 28TH AVENUE   BRADENTON FL   | NAME                   | SIMMONS, CURTIS  |  | 12 N                                | AME  |  |  |
| DELETE   | STREET ADDRESS         |  |  | 135                                 | REET ADDRESS   |  |  |
| NAME   | CITY+ST-ZIP            | BRADENTON FL   |  |                                     | TY - ST - ZIF  |  |  |
| STREET ADDRESS   2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   | TITLE                  |  | L DELE   | Z111                                | f <sub>4</sub> f   |  | Change Addition  |
| CHY-SI-ZIP   |                        |  |  | 2 2 N                               | AME.   |  |  |
| DELETE   | STREET ADDRESS         |  |  | 235                                 | IREET ADDRESS  |  |  |
| NAME   |                        |  |  |                                     |  |  |  |
| STREET ADDRESS   |                        |  | [] DELE  |                                     |  |  | Unange Adoition  |
| TIFLE  |                        |  |  |                                     |  |  |  |
| DELETE   | "                      |  |  |                                     |  |  |  |
| NAME   |                        |  | T DELE   |                                     |  |  | Channe Addition  |
| STREET ADDRESS   43 STREET ADDRESS   44 CTY - ST - ZIP   |                        |  |  |                                     |  |  |  |
| A   CITY-ST-ZIP  |                        |  |  |                                     | t  |  |  |
| DELFIE   |                        |  |  |                                     | 1  |  |  |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CPTY-ST-2IP         5.4 CTY-ST-2IP           TITLE         DELETE         6.1 THLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.3 STREET ADDRESS  |                        |  | DELE   |                                     | <del> </del>   |  | Change Addition  |
| STREET ADDRESS         53 STREET ADDRESS           CITY+S1-ZIP         54 CITY+S1-ZIP           TITLE         DELETE         61 THLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS   |                        | 1  |  |                                     |  |  |  |
| CITY - ST - ZIP  | 1                      |  |  |                                     | 1  |  |  |
| TITLE  |                        |  |  |                                     | 1  |  |  |
| STREET ADDRESS 6 3 STREET ADDRESS  |                        | <u> </u>   | DELI   |                                     |  |  | Change Addition  |
|  | NAME                   |  |  | 62 N                                | AME  |  |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  | STREET ADDRESS         |  |  | 638                                 | IREET ADDRESS  |  |  |
|  | CITY-ST-ZIP            |  |  | 6 4 C                               | ITY - ST - ZIP   |  |  |

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Our Daytow Ptice #