## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H74045

(6)

PILCHER ROOFING, INC.

				······································		
Principal Prace of Business		Mailing Address		i tämiäit Aite imät: Aiate mater Aibat at	(	
5360 MCINTOSH POINT SUITE 122		P.O. BOX 520177 LONGWOOD FL 32752-0177				
SANFORD FL 3	2773	EUNOMOUD IL BEISEUN	• •			
					3. Date Incorporated or Qualified	1
					09/03/1985	04/30/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		59-2595219	CO 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Ζıp	Country	Zip	Zip Country		8. This corporation has liability fo	r intangible tax under s. 199.032,
24	11		30		Florida Statutes Yes No	
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New R	egistered Agent
BAR	nes, steve A.		81	Name		
	) S. PARK AVENUE		82	Street Add	ress (P.O. Box Number is Not Accepta	able)
SAN	FORD FL 32771		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida Statu	ites, the abovi	-named corp	poration submits this statement for the tion's board of directors. I hereby acc	
office or r	registered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was allowed, Section 607,0505, F.	authorized by	the corpora	tion's board of directors. I hereby acc	ept the appointment as registered
	m ramiliar with, and accept the obliga	ations of, acciton our sooo, r	ionaa atatatoi	2.		
SIGNATURE	Stgirature, typed or printed name of registered age	ant and title it applicable. (NC	TE: Registered Agr	ent signature requi	red when reinstaling)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TiTLE	EVP	☐ DELETE	1.1 TITLE			Change Addition
NAME	BARNES, STEVE II		12 NAME	1		
STREET ADDRESS	205 POINSETTA DR		1.3 STREET			
City - St - 7IP	SANFORD FL	DELETE	1.4 CITY - \$	IT-ZIP		Change Addition
TITLE			2.1 TITLE			
NAME	BARNES, STEVE		2.2 NAME 2.3 STREET	ADDOCCC		
STREET ADDRESS	1900 S. PARK AVENUE		2.3 STREET			
CITY - S1 - ZIP	SANFORD FL ST	DELETE	3,1 TITLE	51-Zir		Change Addition
NAME	BARNES, ANN		3.2 NAME		·	
STREET ADORESS	1900 S. PARK AVENUE		3.3 STREET	ADDRESS		
CITY-ST-7IP	SANFORD FL		3.4. CITY-			
TITLE	ST	DELETE	4.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME	BARNES, JOHN		4.2 NAME			
STREET ADDRESS	535 REDDITT ROAD			ADDRESS		
City St-2iP	OSTEEN FL		4.4 CITY-1	ST-ZIP		
TITLE	VP	DELETE	5.1 TITLE		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change Addition
NAME:	BARNES, CYNTHIA		5.2 NAME	1		
STREET ADDRESS	1900 S. PARK AVENUE		5.3 STREE	r address		
CITY-ST-7-P	SANFORD FL		5.4 City - 5	ST-ZIP		
TILLE	VP .	DELETE	6.1 TITLE			Change Addition
NAME	BARNES, RICHARD D.		6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. Too 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.

6.4 CITY-ST-ZIP

**FILED** 

May 02 1997 8:00am

Secretary of State