

**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

**FILED**  
Jan 27 1997 8:00 am  
Secretary of State

**DOCUMENT # J21480 (5)**  
1. Corporation Name  
**INTEGRA ROOF TILE CORPORATION**



Principal Place of Business Mailing Address  
**819 S. FEDERAL HWY.  
SUITE 201  
STUART FL 34994** **819 S. FEDERAL HWY.  
SUITE 201  
STUART FL 34994-2862**

3. Date Incorporated or Qualified **06/27/1986** 3a. Date of Last Report **04/29/1996**  
4. FEI Number **59-2689460** Applied For ☐  
Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution ☐  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 30

9. Name and Address of Current Registered Agent  
**JOHNSON, TERRY R  
819 S. FEDERAL HWY. - SUITE 201  
STUART FL 34994**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MICHAEL P	1.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. 201	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEYARMOND, JAMES	2.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. 201	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TERRY R	3.2 NAME	
STREET ADDRESS	819 FEDERAL HWY. STE. 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLIN, CHRISTINE E	4.2 NAME	
STREET ADDRESS	819 S. FEDERAL HWY. STE. 201	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34994	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

**SIGNATURE:** **1-14-97 561-223-0005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)