FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SEEBER ROOFING, INC.

DOCUMENT # J26537

(7)

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address					and main aring firmt unbi difft fillt fillt fillt fillt fillt fillt		
% JUDY LILES SEEBER 5900 SW 178TH AVE FT LAUDERDALE FL 33331-2366		5900 SW 178TH AVE	% JUDY LILES SEEBER 5900 SW 178TH AVE FT LAUDERDALE FL 33331-2966				
					3. Date Incorporated or Qualified 07/28/1986	3a. Date of L 02/10	ast Report)/1995
——,	ace of Business	2a. Mailing Address	₁		4. FEI Number		Applied For
21 State And A state		26			65-0000326		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired		B.75 Additional Fee Required
City & State		City & State	··· =1		6. Election Campaign Financing \$5.00 May Be		
Zip	Country	[28]	<u> </u>		Added to Fees		
24	25	29	Country 30		This corporation has liability for Florida Statutes	intangible tax und □ No	ders 199.032,
	9. Name and Address of Curr		1901		10. Name and Address of New F		·I
		***************************************	81	Name			
SEEBER, JUDY LILES			82	Character	(DO Floy Number is Net Assessed	1.)	
	W 178TH AVE		02	Street Addi	vet Address (P.O. Box Number is Not Acceptable)		
FT LAU	DERDALE FL 33331		83	ļ			
			84	City		7	1 - 0
						FL 85	1 '
11. Pursuant t	to the provisions of Sections 607.05(02 and 607,1508, Florida Statut	tes, the above-	named corpor	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of changing	g its registered office
familiar wi	th, and accept the obligations of, Se	ction 607.0505, Florida Statute:	s.	oration's boa	ird of directors. I hereby accept the app	ointment as regis	tered agent. I am
SIGNATURE .							
12,	Signature, typed or printed name of registered agr	m and this it applicates (Ne ND DIRECTORS	OTE: Registeren Age	nt signature require		DATE	
TITLE	P	DELETE	13.		ADDITIONS/CHANGES TO OFF		
NAME	SEEBER, CHARLES L., SR.		1.2 NAME			☐ Cha	ange 🔲 Addition
STREET ADDRESS	5900 SW 178TH AVE		1.3 STREET	I ADDDECC			
CITY-ST-ZIP	FT LAUDERDALE FL		1.3 STREET				
TITLE	V	[] DELFTE	2 1 TITLE	51 - ZI*		[] Cha	ange Addition
NAME	SEEBER, JUDY LILES		2.2 NAME			L., 6/10	ings [] recuition
STREET ADDRESS	5900 SW 178TH AVE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CITY - S				
TITLE		DELETE	3. 1 TITLE			Cha	ange Addition
NAME			3.2 NAME			_	_
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY - S	1-2IP			
TITLE		☐ DELETE	4. 1 TITLE			Cha	ange 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ł			
CITY-ST-ZIP TITLE		FTI DELETY	4.4 C!TY - S	T-ZIP			
			5 1 TATLE		Change Addition		
NAME CIRCLI ADDULCE			5.2 NAME				
STREET ADDRESS			5 3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	T-2IP		F1 01-	
NAME		Ĺ⊒ pttt it	6.2 NAME			Cha	inge 🔲 Addition
STREET ADDRESS			63 STREFT	ADDRECC			
CITY-ST-ZIP							
5111-01-211			64 CITY - S	1-712			

4. 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 trusted 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 pn an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 Date (30) 587-6416