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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39837

(6)

Mailing Address

FIRST CLASS ROOFING, INC.

FILED
Jun 16 1997 8:00am
Secretary of State

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855 SPOON BI MELBOURNE B		51-3218	355 SPOON BILL LANE MELBOURNE BEACH FL 32951-3218														
									3. Date Incorporated or Qualified 10/28/1986					3a. Date of Last Report 06/18/1996			
2. Principal P	Place of Busin	ness	2a. Mailing Address						Number 9-2848						 -	plied For	7
Suite, Apt.	#, etc.		26	Suite, Apt. #, etc.				<u>U</u>	8-20 4 0	1/0	·····			¢Ω.		t Applicable dditional	4
22	. •		27					5. Ce	rtificate o	f Status	Desired]			raditional quired	
City & Stat	le		City & State	28					ction Car st Fund (9				May Be o Fees	
Zip 24		Country 25	Ζιρ 29	29 30				8. This corporation has liability for intangible tax Florida Statutes Yes N									
	9. Name		Ţ.,			10. Na	me and	Address	of New	Registe	ered A	gent			7		
	TH, GREG				81	Name	0										7
	RICHARDS BOURNE B	AVE EACH FL 32951			82	Stree	l Address	s (P.O.	Box Num	ber is N	ol Acce	ptable)					-
					83					,							7
				1	84	City						*	FL	85	Zip C	Code	+
11. Pursuant office or r	to the provisi	ons of Sections 607.050 ont, or both, in the State	02 and 607.1508, Florida of Florida. Such change lations of, Section 607.050	Statutes, the a	d by	name	d corpora	ation su	bmits this	s stateme	ent for t	he purpo	se of	l l changi	ing its	s registered	1
f	ım f a miliar wit	th, and accept the oblig	ations of, Section 607.050	05, Florida Sta	tules		pordion	i o Bota	a or time.	70.0.11	oreby en	coopt inc	, chilo		11 113	ogistereti	
SIGNATURE	Signature, typed i	or printed name of registered ag	out and tale if applicable	(NOTE flogistere	d Anu	ol signatu	or required v	when tons	:aluna)								
12.		· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.	- Ago	14 9-21 16:10	Tequiter v		ITIONS/C	HANGE	S TO O			DIREC	TOR	S IN 12	$\exists \epsilon$
TITLE	PD		☐ DELET	E 1,1 7	TLE		VP				· · · · · ·			Cha		Addition	, §
NAME	SMITH, GI			1.2 N	AME			vin	Ba1	dwin	•						
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TITLE	TDS	nn.	DELET		-		VP			•			L	Una		Addition	P
NAME	SMITH, LO	ards ave		2.2 N			Ja	mes	Pau John	lley	400	D1	a #	0.0			
STREET ADORESS City-St-Zip		RNE BEACH FL				ADDRESS	Me	1 box	ırne	FI	ues 2	3293	u π ς	0.	,		
TITLE	VP	INC DEPION I	₩ DELE1		IIV-S	1 - 7)P	110			,	a	2273		Cha	nao	Addition	_
NAME	BEHAN, T	1M		3.2 N									,		ny.	☐ Yadiliali	
STREET ADDRESS		ONBILL LANE	•			ADDRESS											
CITY-ST-ZIP	MELBOUR				ITY-S												
TITLE	VP.		DELET				1			/ 			[Chai	nge	Addition	1
NAME '	FITZPATRI	ICK, HAROLD	<i>(</i> \ \	4 2 N	IAME												
STREET ADDRESS	307 3RD /		•	4 3 S	REEL	ADDRESS											
CITY-ST-ZIP	MELBOUR	INE BEACH FL			TY-SI	- 218											
TITLE			DELET	£ 5.1 TI	ILE			=					[Chai	nge	Addition	7
NAME			_	5.2 N/	ΑΜέ												
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CITY-ST-ZIP				5 4 CI		- 2(P	ļ			<u> </u>							
TITLE	•		☐ DELET										[_] Char	nge	Addition	
NAME				6.2 N/	ME		}										
STREET ADDRESS	ı			6.3 ST	RELLA	ADDRESS	1										

6.4 CITY-S1-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—3 if changed, or on an attachment with an address.

CONTRACTOR AT SOCIAL MANUEL COMMENT CO