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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

K40266

(4)

DOCUMENT # 1. Corporation Name

GUSTAFSON ROOFING, INC.

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Principal Place		Mailing A							
PO BOX 832 BOYNTON BEACH FL 33425			PO BOX 832 BOYNTON BEACH FL 33425		ļ				
BOTH ON U	DENOTTE SONES					3. Date Incorporated or Qualified 10/21/1988	3a. Date of <b>04</b>	Last Re /17/19	port <b>95</b>
2. Principal Pla	ace of Rusiness	2a. Maili	ing Address			4. FEI Number		A	pplied For
z. Principai Fia	TOP OF DIBBINESS	26				65-0128649			lot Applicable
Suite, Apt. #	#, etc.		e, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			& State			6. Election Campaign Financing		\$5.00	May Be
City a State		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Coun	try	8. This corporation has liability for	r intangible tax ı	ınder s	199.032,
4	25	29		30		Florida Statutes Ye  10. Name and Address of New	s Mo	ent	
	9. Name and Address o	f Current Registered	i Agent		31 Name	10. Name and Address of New	nagistered Ag	CIII	
					1				
	SEN, ANDREW	14D CHITTE 004		1	32 Street	Address (P.O. Box Number is Not Accepta	able)		
	PROSPERITY FARMS RO				33				
PALM I	BEACH GARDENS FL 33	A+10							
				[4	B4 City		FL	85 Zip	o Code
familiar wit	ith, and accept the obligations	s of, Section 607.0505	i, Florida Statutes	•		board of directors. Thereby accept the ap			
SIGNATURE _			NO.	TE- Divisianad /	Amont signature	contined when reinstation?	DATE		
	Signature, typed or printed name of regi				Agent signature	raquired when reinstating: ADDITIONS/CHANGES TO OF		IRECTO	IRS IN 12
12.		istored agent and title if ancircal CERS AND DIRECTOR		TE: Registered /		raquired when reinstating: ADDITIONS/CHANGES TO OF	FICERS AND D	OIRECTO Change	RS IN 12
<b>12.</b> TITLE	D GUSTAFSON, MICH	CERS AND DIRECTOR	RS	13.	LF	required when reinstating:  ADDITIONS/CHANGES TO OF	FICERS AND D		
12.	D GUSTAFSON, MICH 716 SE FIRST ST	CERS AND DIRECTOR	RS	13. 1 1 TIT 1.2 NAI	LF	raquired when reinstehng: ADDITIONS/CHANGES TO OF	FICERS AND D		
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14. 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 innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 that goes not an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 732-0656

Daytime Phone I