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

PROFIT CORPORATION ANNUAL REPORT



Warren E Pickron

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

0071159

- 1 ÎNDINEM ÎN DIGIN CIDA ÊMÎN BIRK BIRK BIRK DIDIN DIGIN CIDA ÊMÎN EMÎN DIGIN

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L44964

1997

(9)

CENTRAL STATE ROOFING, INC.

Principal Place	a at Business	Mailing Address 610 \$ LAUREL AVE					
810 S LAUREL SUITE 161	AVE	SUITE 161			ļ		
SANFORD FL 3	2771	SANFORD FL 32771-186	8				
US		US			3. Date Incorporated or Qualified	3a. Date of Last	Report
2 Principal Pl	lace of Business	2a. Mailing Address			01/22/1990 4. FEI Number	04/12/1996	Applied For
	S. Laurel Avenue	26 610 S. La	urel /	Venue	59-3044176	 	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$0.75	Additional
22		27			5. Certificate of Status Desired		Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00	0 May Be
23 Sanf	ord, FL	28 Sanford, FL		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation has fiability for in	itangible tax under	s. 199.032,
24 3277		29 32771	30 Set	ninole		Yes No	
	9. Name and Address of Current	Registered Agent		41 51	10. Name and Address of New Reg	Istered Agent	
PICK	ron, warren e		8	1 Name			
708:	ECIS-AVE		ŝ	2 Street Addre	ess (P.O. Box Number is Not Acceptabl	е)	
DEC	FONA IN 32736		-		S. Laurel Avenue		
			8	3			Ţ
			8	4 Cityanf		85 Zjr	Code
		10071500				FL 3	2771
911. Pursuant l	to the provisions of Sections 607.0502 egistered agent, or both, in the State c	and 607.1508, Florida Stat of Florida: Such change was	tutes, the abo s authorized i	ve-named corp by the corporati	oration submits this statement for the pli ion's board of directors. I hereby accep-	urpose of changing t the appointment a	its registered is registered
agent. Lai	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Statut	es.	·		
SIGNATURE			215 6			DATE	
12.	Signature: typica or printed name of registered agent OFFICERS AND		13.	gent signature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	DELETE	1.1 1171.8			☐ Change	
NAME	PICKRON, WARREN E		1.2 NAM		•		
STREET ADDRESS	508 S LAUREL AVE		1.3 STRE	ET ADDRESS			Ì
Dity-St-ZIP	SANFORD FL		1.4 CITY	- ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	PICKRON, HARRIET E		2.2 NAM	E			
STREET ADDRESS	106 WATER OAK DR		23 STAE	et address			
CITY - ST - ZIP	SANFORD FL		2 4 0011	-ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			ļ
CITY-ST ZIP				- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			L Change	Addition
NAME			4. 2 NAM	1			
STREET ADDRESS				ET ADORESS			
CITY - ST - ZIP		T DECETE	4.4 CITY			Channe	Addition
TITLE		☐ DELETE	5.1 TITLE	1		Change	☐ vocition
NAME OZOSEL ADODESES			5.2 NAM				
STREET ADDRESS			l	ET ADDRESS			
CITY-ST-ZIF' TITLE		DELETE	54 CITY 61 TITL			☐ Change	Addition
NAME		[] Dicere	6.2 NAM			C.ungo	
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP			6.4 CITY				
14. I do heret			alify for the e	remption stated	f in Section 119.07(3)(i), Florida Statutes		
informatio	on indicated on this annual report or su	pplemental annual report is	s true and ac	curate and that	my signature shall have the same legal t as required by Chapter 607, Florida St	effect as if made u	inder oath; that
	in Block 12 or Block 13 if changed, or			, and indicate	. ac . oquired by britapior bor, Florida Ol	allico, and that try	

HIGURED