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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48233 (5)

1. Corporation Name

BILL STOKES & SON ROOFING, INC.

Principal Place of Business

11743 SW 112TH TERRACE
MIAMI FL 33186

Mailing Address

11743 SW 112TH TERRACE
MIAMI FL 33186-7502

3. Date Incorporated or Qualified
02/01/1990

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 13470 S.W. 256 St.

Suite, Apt. #, etc.

22 City & State

23 Homestead, Florida

Zip

Country

24 33032

25 Dade

2a. Mailing Address

26 13470 S.W. 256 Street

Suite, Apt. #, etc.

27 City & State

28 Homestead, Florida

Zip

Country

29 33032

30 Dade

4. FEI Number
65-0172917

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

STOKES, ELOISE
11743 S.W. 112TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

Gail M. Stokes

82 Street Address (P.O. Box Number is Not Acceptable)

13470 S.W. 256 Street

83

84 City

Homestead

FL

85 Zip Code

33032

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

Gail M. Stokes S/T

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVP ☐ DELETE

NAME STOKES, SCOTT R.
STREET ADDRESS 13470 SW 256 STREET
CITY- ST- ZIP HOMESTEAD FL

TITLE ST ☒ DELETE

NAME STOKES, ELOISE
STREET ADDRESS 13250 S.W. 84TH AVE.
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/T ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS Stokes, Gail M.
1.4 CITY- ST- ZIP 13470 S.W. 256 St.

2.1 TITLE Homestead, FL. 33032 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Scott R. Stokes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 257-1822(305)

0248924

CR2E034 (9/96)