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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # L53131

(3)

S.H. "JOHNNY" JAHN ROOFING CONTRACTORS, INC.

Principal Place of Business Mailing Address							HI DION DIDN IDE	
C/O S.H. JAHN 3947 MOCKINGBIRD HILL SARASOTA FL 34231		C/O S.H. JAHN 3947 MOCKINGBIRD HILL SARASOTA FL 34231 4807	3947 MOCKINGBIRD HILL					
					<ol> <li>Date Incorporated or Qualified 02/23/1990</li> </ol>	3a. Date of 04/08/19		
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	<del></del>	Applied For	
21		26			65-0176830		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State		<del>                                     </del>	City & State		6. Election Campaign Financing	_ \$	<b>5.00</b> May Bo	
Zip Country		28			Trust Fund Contribution Added to Fees			
24 24	— ·	Zip	Country		8. This corporation has liability for it	, , , , , , , , , , , , , , , , , , , ,		
24	25   29   30   9. Name and Address of Current Registered Agent				Florida Statutes X Yes No  10. Name and Address of New Registered Agent			
IAH		- Dollar Hogistolog Agont	81	Name	IV. Hallie allu Audress of Hew Ne	hereien when	,	
JAHN, S.H. 3947 MOCKINGBIRD HILL								
SARASOTA FL 34231				Street Addr	ress (P.O. Box Number is Not Acceptab	e)		
ONI	NOOIN   E 0720		83					
			<u>i</u> _					
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statutes	s, the above-r	amed coro	poration submits this statement for the pr	troops of obes	ging its registered	
Unice or r	registereti agent, or botti, in ti	he State of Florida. Such change was au ne obligations of, Section 607.0505, Flori	itnorizea by ti	e corporat	ion's board of directors. I hereby accep	t the appointm	ent as registered	
_	en ranimai with and accept to	ie obligations of, Section 607.0305, Pion	ida Sialules.					
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if applicable (NOTE	Registered Agent	signature require	ed when rainstating)	DATE:		
12.	OFFICI	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12	
TITLE	VP .	DELETE 1.1 T						
NAME			1.2 NAME					
STREET ADDRESS 3947 MOCKINGBIRD HILL		L .	1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-2	MP				
TITLE	ST	DELETE DELETE	2.1 TITLE			C	hange 🔲 Addition	
NAME	Burman Jahn, Carol		2.2 NAME					
STREET ADDRESS	3947 MOCKINGBIRD HII	${f L}$	2.3 STREET AD	DRESS				
CITY-ST-ZIP SARASOTA FL			2.4 CITY - ST - ZIP					
TITLE	P	DELETE	3.1 TITLE			C	hange 🔲 Addition	
NAME	BURMAN-JAHN, CAROL		3.2 NAME					
STREET ADDRESS	3947 MOCKINGBIRD HIL	т	3.3 STREET AD	DRESS				
CITY-ST-ZIP	SARASOTA FL	Tol Assess	3.4. CITY-ST-	ZIP				
TITLE	D OLVER	[_] DELETE	4.1 TITLE	1		☐ Ci	hange 🔲 Addition	
NAME	WALKER, CLYDE		4. 2 NAME	-				
STREET ADDRESS	2405 BOOKER AVE		4.3 STREET AD					
CITY-ST-ZIP	SARASOTA FL	Decrye	4.4 CITY-ST-2	'IP				
TITLE		☐ DELETE	5.1 TITLE			L. CI	hange 🔲 Addition	
NAM			5.2 NAME					
STREET ADDRESS			5.3 STREET AD					
CITY-ST-ZIP		DELETE	5.4 CITY - ST - 2	IP .				
TITLE		DELETE	G.1 TITLE			☐ CI	noilitbA 🔲 agnar	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET AD	DRESS				

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 attriction with an address