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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

941-997-9999

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73932

(0)

ANCO ROOFING SYSTEMS, INC.

Principal Place of Business Mailing Address							-{		9 44)		
8910 NORTH FO NORTH FT MYE			18301 CYPRESS CREEK LANE ALVA FL 33920-3327								
US		US						3. Date incorporated or Qualified 05/16/1990		Date of Last F	Report
·ı	lace of Business		2a. Mailing Address					4. FEI Number Applied For 65-0195852 Not Applicable			
Suite, Apt.	# oto		Suite, Apt. #, etc.				······	03-0180002			ot Applicable Additional
22	u, 500.	· · · · · · ·	27					5. Certificate of Status Desired			equired
City & State	0		City & State					6. Election Campaign Financing	\$5,00 May Be		
23		28						Trust Fund Contribution	☐ Added to Fees		
Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29]		30					Yes	L No	
T\ALI	9. Name and Address of Cur	rent Hegistered A	gent		81	Nam	ıe.	10. Name and Address of New R	egisterec	a Agent	····
	GHERTY, ANN G. 11 CYPRESS CREEK LANE										
	A FL 33920				82	Stree	et Addr	ess (P.O. Box Number is Not Accepta	ble)		
UETE	I L OUGEV				83						
											
					84	City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508	Florida Statu	tes, the al	OOVE	-name	ed corp	oration submits this statement for the	nurnosa	of changing	its registered
office or r anect it a	registered agent, or both, in the St im famil iar with, and agcapt the ob	ate of Florida. Such bligations of, Section	n change was in 607.0505. Fl	authorizei Iorida Stat	d by utes	the c	orporati	ion's board of directors. I hereby according	pt the ap	pointment as	registered
SIGNATURE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	aherty	;					04	-30 DATE	-97	
	Signature, typed or printed name of registered	gent and title if apply to	4e (NO		d Agei	ni sipnal	ure requir				
12.	OFFICERS.	AND DIRECTORS	DELETE	13.	*. **			ADDITIONS/CHANGES TO OFF	CERS AN		HS IN 12
THILE	VAN DYNE, KEITH C		L. DECEIE	1,1 17						Change	Addition
NAME	18311 CYPRESS CREEK LA	NE		1.2 N/							
STREET ADDRESS	ALVA FL	116				ADDRES	s				
CITY - ST - 7IP	ST		DELETE	2.1 10	TY-SI	1 - ZIP				Change	Addition
NAME	DAUGHERTY, ANN			2.2 N/							
STREET ADDRESS	18301 CYPRESS CREEK LA	NE				AODRES	s				
CITY - ST-ZIP	ALVA FL					T - ZIP					
TITLE		***************************************	DELETE	3.1 TI						Change	☐ Addition
NAM ²				3.2 N/	AME						
STREET ADDRESS				3.3 S1	TREET	ADDRES	s				
C/TY - S1 - Z/P				3.4. C	ITY-S	T-ZIP					
THILE			☐ DELETE	4.1 TI	TLE					☐ Change	Addition
NAME				4.2 N	IAME						
STREET ADDRESS				4.3 ST	rreet	ADDRES	s				
C-1Y - S1 - 7/P			T DELETE		TY-SI	r-ZIP				Change	Addition
Title			DELETE	5.1 TI						L Change	Addition
NAME				5.2 N/		Annen	_ ا				
STREET ADDRESS				ı		AODRES	٥				
City-S*-ZiP Title			DELETE	5.4 CI 6.1 TI	TY-ST	1 · ZIP				Change	Addition
NAME				6.2 N			-				
STREET ADDRESS						ADDRES	ا				
CHY-ST-ZIP					ITY - ST		<u> </u>				
14. I do herel	by certify that the information supp	plied with this filing	does not qual	lify for the	exe	mption	n stated	in Section 119.07(3)(i), Florida Statu	es. I furth	er certify tha	t the
informat c	in indicated on this annual report.	or supplemental an n or the receiver or	nual report is trustee empoy	true and a wered to a	accu	ırata a	nd that	t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect.	as if mada ui	nder oath: that