

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M49869

(4)

1. Corporation Name

TOM GALLO ROOFING, INC.



Principal Place of Business

C/O GALLO, F. THOMAS
1766 NW MADRID WAY
BOCA RATON FL 33432
US

Mailing Address

C/O GALLO, F. THOMAS
1766 NW MADRID WAY
BOCA RATON FL 33432
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

GALLO, F. THOMAS
1766 NW MADRID WAY
BOCA RATON FL 33432

3. Date Incorporated or Qualified

04/07/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2788206

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature Typed or Printed Name of Registered Agent (Print Name)

Signature Typed or Printed Name of Registered Agent (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
GALLO, F. THOMAS
2481 NE 4TH WAY
BOCA RATON FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
S
GALLO, MARCIA
2481 NE 4TH WAY
BOCA RATON FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP
V
GALLO, F. THOMAS
2421 NE 4TH WAY
BACO RATON FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

2. NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. TITLE

3. NAME

3.1 STREET ADDRESS

3.4 CITY - ST - ZIP

4. TITLE

4. NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. TITLE

5. NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. TITLE

6. NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 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.

CR2E034 (12/95)

5/6/96 (402) 338-0602