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

**PROFIT CORPORATION ANNUAL REPORT** 

**##1997** 100



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M54796

(1)

ABILITY ROOFING COMPANY, INC.

Mailing	Address

585 KING STREET JACKSONVILLE FL 32204

Principal Place of Business

565 KING STREET

JACKSONVILLE FL 32204-3005

## **FILED** Apr 29 1997 8:00am Secretary of State



									<ol> <li>Date Incorporated or Qualified 06/30/1987</li> </ol>		e of Last F <b>1/1996</b>	Report	
2. Principal Place of Business 2a, Mailing Address							4. FEI Number Applied For						
21			26	<u> </u>				59-2818112   Not Applied					
				Suite, Apt. #, etc.							Additional		
22 27									5. Certificate of Status Desired			equired	
City & Stat	é			City & State		****			6. Election Campaign Financing		\$5.00	May Be	
23			28						Trust Fund Contribution			to Fees	
Zip		Country		Zip Country				8. This corporation has liability for i	ntangible t	ax under s	199.032,		
24	[	25	29		30				Florida Statutes	Yes [	] No		
	9. Name	and Address of Cur	rent Regist	ered Agent					10. Name and Address of New Re	gistered A	gent		
RIGGINS, GERALD D.						81 Name							
5567	ADA JOHN	ISON ROAD				82 Street Add		Addres	ddress (P.O. Box Number is Not Acceptable)				
JACH	<b>(SONVILLE</b>	FL 32218				-	otreet Address (n.c. box number is not Acceptable)						
						83							
											т-т-		
						84	City			Fi	<b>85</b> Zip	Code	
11. Pursuent	to the provisi	ons of Sections 602 (	0502 and 60	7,1508, Horida Statu	tes, the	_L_ abovi	Le-named	dorpo	ration submits this statement for the n	. —	L <u>L</u> changino i	ls registered	
office or r	egistered ag	ent, or both, in the St	ate of Florid	a. Such change was	authori	zed by	y the cor	poratio	ration submits this statement for the p n's board of directors, I hereby accep	of the appo	intmont as	registered	
agent. i a	ım tamıllar wi	in, and accept the or	ліgations of,	Section 607,0505, FI	ioriga S	atutes	S.						
SIGNATURE	Etopahura hunari	or printed name of registered	Lawrel and title	Levelication (AICI)	II - Paniot	and And			whon reinstating)	DATE			
12.	Signature, typou	OFFICERS.				3.	eni signicini	· redukes	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	
TITLE	PS	OTTO TIO	rati inte	DELETE		1 TITLE	·	Τ	ABBITIONS/OFFAIGLE TO OFFICE		Change	Addition	
NAME	RIGGINS,	GERALD.				NAME							
STREET ADDRESS	ERRY ADA	JOHNSON RD.			- 1		ADDRESS	1				!	
	JACKSON				- 1			}				ļ	
CITY-ST-ZIP TITLE	VID	VILUE FL		DELFIE		CITY-S	51 · ZIP	ļ			Change	Addition	
									Unanyc	☐ Wodition			
NAME	RIGGINS, RHONDA W. 5567 ADA JOHNSON RD.				. 1	2.2 NAME							
STREET ADDRESS					1	2.3 STREET ADDRESS					į		
CITY-ST-ZIP						4 CITY-	ST-ZIP	ļ			Chasse	La delita a	
TITLE	,			☐ DELETE		1 111LE					Change	Addition	
NAME						NAME						j	
STREET ADDRESS	SS 3.3						ADDRESS						
CITY-ST-ZIP						4. C(1Y-)	\$1 - Z(P	L					
TITLE				☐ DELETE		TILLE				ı	Change	☐ Addition	
NAME	1				4.	2 NAME							
STREET ADDRESS					4.3	STREET	ADDRESS						
CITY-ST-ZIP					4.4	CITY-S	ST-ZIP						
TITLE				☐ DELETE	5.	TITLE				٦	Change	☐ Addition	
NAME					52	NAME						ĺ	
STREET ADDRESS					5.3	STREET	ADDRESS						
CITY-ST-ZIP					5.4	4 CITY - S	ST - 71P	1			_	Ì	
TITLE				DELFTE		TITLE		T		7	Change	Addition	
NAME					6.3	NAME							
STREET ADDRESS					6.3	3 STREET	ADDRESS					}	
CITY-ST-ZIP						1 CITY - S							
	by certify that	The information supp	olind with thi	s filing does not gual				stated i	n Section 119 07(3)(i) Florida Statute	s 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 attempent with an address.