

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003815 (8)**

1. Corporation Name

PINELLAS COUNTY ROOFING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 10427 ST. PETERSBURG FL 33733	Mailing Address P.O. BOX 10427 ST. PETERSBURG FL 33733-0427
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3. Date Incorporated or Qualified 08/19/1993	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3195251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OUELLETTE, ERNEST J. 4736 HAINES RD. N. ST. PETERSBURG FL 33714	
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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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IANELLA, JEFF		1.2 NAME Tim Revels	
STREET ADDRESS 132 10 AVENUE N.		1.3 STREET ADDRESS 6251 Park Blvd N. #8	
CITY-ST-ZIP SAFETY HARBOR FL		1.4 CITY-ST-ZIP PINELLAS PARK FL 33781	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OUELLETTE, ERNEST J		2.2 NAME Don Grimes	
STREET ADDRESS 4736 HAINES ROAD NO.		2.3 STREET ADDRESS 2060 W. 17th Street	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP SARASOTA, FL 34234	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPICER, SHARON		3.2 NAME	
STREET ADDRESS 13521 BELLEWOOD AVE. N.		3.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGHTOWER, ROBERT		4.2 NAME John F. McGowan	
STREET ADDRESS 2917 26 ST. N.		4.3 STREET ADDRESS 3420 Terminal Dr.	
CITY-ST-ZIP ST PETERSBURG FL		4.4 CITY-ST-ZIP St. Petersburg, FL 33712	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPICER, GARY		5.2 NAME Bill Heberlin	
STREET ADDRESS 13521 BELLEWOOD AVE N		5.3 STREET ADDRESS 13003 60th St. N.	
CITY-ST-ZIP SEMINOLE FL		5.4 CITY-ST-ZIP Clearwater, FL 34620	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REVELS, TIM		6.2 NAME Allen McMullen	
STREET ADDRESS 6251 PARK BLVD N #8		6.3 STREET ADDRESS PO Box 1376	
CITY-ST-ZIP PINELLAS PARK FL		6.4 CITY-ST-ZIP Safety Harbor, FL 34695	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  5/2/97 800 482 3810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051302

CR2E037 (9/96)