

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P24337 (8)

1. Corporation Name

T & H ROOFING CONTRACTORS INC.

Principal Place of Business

Mailing Address

4435 PLUM ST  
ZEPHERHILLS FL 33541  
US

4435 PLUM ST  
ZEPHERHILLS FL 33541  
US

FILED

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SECRETARY OF STATE



REINSTATEMENT *q/b*

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		11-5287828		05/16/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
22		27		<input type="checkbox"/>		Not Applicable	
City & State		City & State		6. Election Campaign Financing		\$8.75 Additional Fee Required	
23		28		Trust Fund Contribution		<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		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				10. Name and Address of New Registered Agent			
TANNER, FREDERICK E. 435 PLUM ST. ZEPHYRHILLS FL 34248				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 *Frederick E. Tanner* OWNER + Pres DATE 2-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, FREDERICK E.	1.2 NAME	
STREET ADDRESS	PLUM ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, FREDERICK E., JR	2.2 NAME	<i>MARY LOU TANNER</i>
STREET ADDRESS	KING ST.	2.3 STREET ADDRESS	<i>Plum St</i>
CITY-ST-ZIP	PORT BYRON NY	2.4 CITY-ST-ZIP	<i>Zephyrhills Fla</i>
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAISDALL, JACQUELYN A.	3.2 NAME	
STREET ADDRESS	SMITH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEEDSPORT NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBY, BONNIE L.	4.2 NAME	
STREET ADDRESS	MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELBRIDGE NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Frederick E. Tanner* FREDERICK E. TANNER 813-788-9375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (3/96)