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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000003494 (1)

1. Corporation Name  
HACIENDA SHINGLE AND TILE CO., INC.

Principal Place of Business  
711 WHITE CLOUD ST SW  
PALM BAY FL 32908  
US

Mailing Address  
711 WHITE CLOUD ST SW  
PALM BAY FL 32908-3324  
US



3. Date Incorporated or Qualified  
11/10/1992  
3a. Date of Last Report  
07/05/1996

4. FEI Number  
59-3149281  
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

2. Principal Place of Business  
21 157 Virginia Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 157 Virginia Rd.  
Suite, Apt. #, etc.

22 City & State  
23 West Melbourne, Fl.  
Zip 24 32904 Country 25 Brevard

27 City & State  
28 West Melbourne, Fl.  
Zip 29 32904 Country 30 Brevard

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 *George C. Yaggi* (NOTE: Registered Agent signature required when reinstating) DATE 4/29/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YAGGI, GEORGE	
STREET ADDRESS	711 WHITE CLOUD ST SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUMBERG, ALEX W III	
STREET ADDRESS	923 CAMPBELL ST.	
CITY-ST-ZIP	WILLIAMSPORT PA 17701	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	YAGGI, JAMES	
STREET ADDRESS	711 WHITE CLOUD ST SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, MIKE	
STREET ADDRESS	190 ENSENADA ST SW	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *George C. Yaggi* 4/29/97 407 953-4610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)