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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200009010 (9)

A & C ROOFING CONTRACTORS, INC.

Principal Place of Business Mailing Address								
3710 A SILVER STAR RD ORLANDO FL 32811			3710 A SILVER STAR RD ORLANDO FL 32808-8806 US					
						3. Date Incorporated or Qualified 3a. Date of Last 12/03/1992 08/12/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				pplied For	
21		26					lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional Required	
City & State		City & State				6. Election Campaign Financing \$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees		
Z(ρ)	Country	Zip	<del>իառող</del>	untry	!	8. This corporation has liability for intangible tax under	s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		ent Registered Agent		81	Name	10. Name and Address of New Registered Agent		
HEDAYET, ARMAN 5213 CONCH CT								
			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
UNL	ANDO FL 32819			83				
				84	City	or 7in	Code	
				0	City	FL  85  Zip	C006	
off-ce or r	to the provisions of Sections 607.0 egistered agont, or both, in the Sta m familiar with land accept the obl	te of Florida. Such change wa	s authorize	id by	y the corporation	poration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	its registered s registered	
SIGNATURE								
	Signature, typied or printed name of registered a			d Age	ent signature require	red when reinstating) DATE	DC 111 40	
12. Tiflef	P OFFICERS A	ND DIRECTORS  DELETE	13. 1.1 T	TI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NAMÉ	HEDAYET, ARMAN		1.1 ) 1.2 N					
STREET ADDRESS	5213 CONCH CT				T ADDRESS			
CITY- \$1 - ZIP	ORLANDO FL 32819				SY-ZIP			
T TEF		☐ DELETE	21 T			Change	Addition	
NAME			22 N	AME		•		
STREET AODRESS			235	TREET	T ADDRESS	in the second se		
Offy-SI-ZP			2 40	CITY-	ST-ZIP			
T:flf		☐ DELETE	317	ITLE		Change	Addition	
NAME			3.2 N					
STREET ADDRESS			- 6		ADDRESS	•		
City - SI - 752		DELETE	3.4. ( 4.1 T		ST-ZIP	Change	Addition	
THLE NAME		□ perc ve		NAME		bear statings		
STREET ADDRESS					I ADDRESS			
CHTV - S1 - ZIP					ST-ZIP			
Title		DELETE	5.1 T		J. E.I.	☐ Change	Addition	
NAME				IAME				
STREET ADDRESS			5.3 \$	TREET	T ADDRESS			
CITY - ST - ZIP			5.4 0	#TY-5	ST-ZIP			
THILE		☐ DELETE	6.1 T	TLE		Change	Addition	
NAME			6.2 A	AME				
STREET ADDRESS			6.3 5	TREET	T ADDRESS			
CiTY - \$1 - 7IP			6.4 0	ITY-S	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 inclicated 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 any address.

SIGNATURE: Aleman Hedayo

**FILED** 

May 12 1997 8:00am

Secretary of State