

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013683 (7)

1. Corporation Name

GREATER BAY ROOFING, INC.

Principal Place of Business

1918 COUNTRY CLUB RD. NORTH
ST. PETERSBURG FL 33710

Mailing Address

1918 COUNTRY CLUB RD. NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
07/21/1994

4. FEI Number
59-3158852

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 3680-66th AVE N

2a. Mailing Address

26 3680-66th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PINELLAS PARK FL

27 City & State

28 PINELLAS PARK FL

24 Zip

25 34665

Country

25 USA

29 Zip

29 34665

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEACH, JAMES D
424 CENTRAL AVE.
SUITE 702
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WILEY, JEFFREY L
STREET ADDRESS 1918 COUNTRY CLUB ROAD NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33710

11 TITLE DP
12 NAME CALVIN D JOHNSON ☒ Change ☐ Addition
13 STREET ADDRESS 139 WALL ST.
14 CITY - ST - ZIP REDINGTON BEACH, FL 33708

TITLE DS
NAME WILEY, DEBORAH J
STREET ADDRESS 1918 COUNTRY CLUB ROAD NORTH
CITY - ST - ZIP ST. PETERSBURG FL 33710

21 TITLE DS ☒ Change ☐ Addition
22 NAME WILEY, JEFFREY L
23 STREET ADDRESS 1918 COUNTRY CLUB RD N.
24 CITY - ST - ZIP ST. PETERSBURG, FL 33710

TITLE DV
NAME JOHNSON, CALVIN D
STREET ADDRESS 139 WALL ST.
CITY - ST - ZIP REDINGTON BEACH FL 33708

31 TITLE DV ☒ Change ☐ Addition
32 NAME WILEY, JEFFREY L
33 STREET ADDRESS 1918 COUNTRY CLUB RD N
34 CITY - ST - ZIP ST. PETERSBURG, FL 33710

TITLE DT
NAME JOHNSON, JACQUELINE D
STREET ADDRESS 139 WALL ST.
CITY - ST - ZIP REDINGTON BEACH FL 33708

41 TITLE DT ☒ Change ☐ Addition
42 NAME JOHNSON, CALVIN D
43 STREET ADDRESS 139 WALL STREET
44 CITY - ST - ZIP REDINGTON BEACH, FL 33708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey Wiley

JEFFREY WILEY 4/19/95

813-345-5811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature from 1