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

Mailing Address

12053 BOCA GRANDE AVE.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

12053 BOCA GRANDE AVE.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000019221 (9)

DALTON & SONS ROOFING, INC.

NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654-3065 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996 03/15/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3183992 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Country Zip This corporation has liability for Intangible to Junder s. 199 032. Florida Statutes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agest 81 Name CARTER, DAVID R 7419 U.S. HWY. 19 82 Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY FL 34652-1240 83 64 City 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. Signorale is prodice printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 13. Addition DELETE Change TITLE 1.1 TITLE WEEKS, DALTON J NAME 1.2 NAME 12053 BOCA GRANDE AVE. 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34854** CHY-SI-JiF 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZII DELETE Change Addition THE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition THILE 4.1 TITLE ☐ Change NAME 4. 2 NAME 4 3 STREET ADDRESS STREET ADDRESS CITY- ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TATLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition TILLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 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 tain 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.

FILED Feb 27 1997 8:00am Secretary of State

