

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000039698 (4)**

1. Corporation Name

RAY CLARK & SONS ROOFING CONSULTANTS, INC.



Principal Place of Business

**104 LAUGNA AVENUE
KEY LARGO FL 33037
US**

Mailing Address

**P. O. BOX 1231
KEY LARGO FL 33037
US**

2. Principal Place of Business

21 **#2 Blackwater Ln.**

22 Suite, Apt. #, etc.

Rear

23 City & State

Key Largo, Fl. 33037

24 Zip

33037

25 Country

Monroe

2a. Mailing Address

26 **P.O. Box 1231**

27 Suite, Apt. #, etc.

28 City & State

Key Largo, Fl. 33037

29 Zip

33037

30 Country

Monroe

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0241143

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

9. Name and Address of Current Registered Agent

**CLARK, PAMELA
176 CORRINE PLACE
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name **David G. Hutchison, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)
31 N. Marlin Ave.

83

84 City **Key Largo**

FL

85 Zip Code
33037

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when terminating)

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CLARK, PAMELA**
STREET ADDRESS **176 CORRINE PL**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE

NAME **D CLARK, RAYMOND L**
STREET ADDRESS **176 CORRINE PL**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE
72 NAME
73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE
82 NAME
83 STREET ADDRESS

84 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5-1-96 451-9538
Date Daytime Phone

CR2E034 (12/95)