

FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000049576 (0)

1. Corporation Name

DELANO ROOFING, INC.

Principal Place of Business

13163 NE 44TH COURT  
ANTHONY FL 32617  
US

Mailing Address

13163 NE 44 COURT  
ANTHONY FL 32617-2427  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/09/1993

3a. Date of Last Report

08/06/1996

4. FEI Number

65-0513327

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

10. Name and Address of New Registered Agent

DELANO, KIMBERLY H  
13163 NE 44TH COURT  
ANTHONY FL 32617

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | DELANO, KIMBERLY H  |                                 |
| STREET ADDRESS  | 13163 NE 44TH COURT |                                 |
| CITY - ST - ZIP | ANTHONY FL          |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | DELANO, JOHN        |                                 |
| STREET ADDRESS  | 13163 NE 44TH COURT |                                 |
| CITY - ST - ZIP | ANTHONY FL          |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| 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 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 ME           |   |
| 1.1 REET ADDRESS |   |
| 1.1 Y - ST - ZIP |   |
| 2.1 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 ME           |   |
| 2.1 REET ADDRESS |   |
| 2.1 Y - ST - ZIP |   |
| 3.1 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 ME           |   |
| 3.1 REET ADDRESS |   |
| 3.1 Y - ST - ZIP |   |
| 4.1 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 ME           |   |
| 4.1 REET ADDRESS |   |
| 4.1 Y - ST - ZIP |   |
| 5.1 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 ME           |   |
| 5.1 REET ADDRESS |   |
| 5.1 Y - ST - ZIP |   |
| 6.1 LE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 ME           |   |
| 6.1 REET ADDRESS |   |
| 6.1 Y - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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: Kimberly H. Delano

4/28/97 352-351-1178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DPA

Date

Daytime Phone

0069173

CR2E034 (9/96)