CORPORA ANNUAL RI 1990	EPORT (	Sandi Secre	PARTMENT OF STATE TABLE		
DOCUMEN 1. Corporation Name	IT# <b>P9300</b>	0053510 (2	?)		
COMMERCIAL	ROOFING SALES,	•	•		
Principal Place of Busi	in one				
300 N. STATE RD. 427		Mailing Address P. O. BOX 520180			anns adser 21592 15161 dreft 115(1 25)( 145)
SUITE 207 LONGWOOD FL 32750		LONGWOOD FL 32752-0180 US			
US				<ol> <li>Date Incorporated or Qualifie</li> <li>07/26/1993</li> </ol>	d 3a. Date of Last Report 06/20/1995
2. Principa! Place of 8	Business	2a. Mailing Address 26		4. FEI Number 59-3199601	Applied For
Suite, Apt. #, etc	3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required  55.00 May Be
<b>23</b> Ζιρ	Country	<b>28</b>	Country	Trust Fund Contribution  8 This corporation has liability for	Added to Fees or intangible tax under s 199.032,
24 9. Na	25 Ime and Address of Curre	29 Agent	30	Florida Statutes  10. Name and Address of New I	Yes No
RINKER, D		The state of the s	81 Name	TO. Name and Address of New I	registered Agent
	DAK TERRACE Y FL 32746		82 Street Ad	dress (P.O. Box Number is Not Accept	able)
LAKE WAN	1 FL 32/40		83		
			<u> </u>		
			84 City		85 Zip Code
11. Pursuant to the pro office or registered	ovisions of Sections 607.050 Lagent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was	utes, the above named cor	poration submits this statement for the	
agent. I am familia	ovisions of Sections 607.050 Lagent, or both, in the State r with, and accept the oblig	02 and 607, 1508, Florida Stat e of Florida Such change was pations of, Section 607,0505, F	utes, the above named cor	poration submits this statement for the tion's board of directors. Thereby acce	
agent. I am familia	r with, and accept the oblig spend or proted same of registered ag-	pations of, Section 607.0505, F	utes, the above named con- authorized by the corpora- lionida Statutes.	tion's board of directors. Thereby acce	purpose of changing its registered pt Inc appointment as registered
agent. I am familia SIGNATURE Signature to 12. TITLE P	yed or presed same of registered and OFFICERS AN	pations of, Section 607.0505, F	utes, the above named cor authorized by the corpora florida Statutes.	tion's board of directors. Thereby acce	purpose of changing its registered pt Inc appointment as registered
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agent I am familia  SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  62.5  CITY-ST-ZIP  LAKE	yed or presed same of registered and OFFICERS AN	entronical Section 607.0505, Fund and the diapply after the DIRECTORS  DELETE	utes, the above named core authorized by the corporation of a Statutes.  Off Registered Agent signature req.  13.  1.1 Title	tion's board of directors. Thereby acce	purpose of changing its registered pt Inc appointment as registered
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Agent. I am familia  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VP  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  A104	OFFICERS AN  ER, DAVID SILK OAK TERRACE MARY FL  IZ, JAMES BROOKE DR.	entronical Section 607.0505, Fund and the diapply after the DIRECTORS  DELETE	utes, the above named corporal authorized by the corporal fonda Statutes.  OTE Registered Agent sign store req  13.  1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	tion's board of directors. Thereby acce	purpose of changing its registered pt Inc appointment as registered  EAL  Change Addition
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