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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Principal Place of Business   2a. Mailing Address   3c. Mailing Address   4. FET Number   April 1985   1. Ap	1. Corporation	MENT # P930( n Name ROOFING OF CENTRAL F	00063765 (	D)		<b>a</b>      <b>a </b>     <b>a</b>	<b>701.0 1</b> 01.0 101.0 140.0 1
BOTHACKER AVE SURE 94	Principal Place of Business Mailing Address					<b>                                    </b>	
2. Principal Place of Business   2a. Mailing Address   2a. Mailing	600 THACKER AVE. SUIE B-6 KISSIMMEE FL 34741		600 THACKER AVE. SUIE B-6 KISSIMMEE FL 34741				
Suite, Apt. #, etc.					_ · ·		3a. Date of Last Report 04/28/1995
Suire, Apl. #, 60C  27  Suire, Apl. #, 60C  27  City & State  City & Country  City & State  City & Country  City &		ace of Business	<u> </u>		I .		Applied For
City & State  Acided to State  South S	<del></del>	#, etc.					Not Applicable
Section   Sect	<del>_</del>				Certificate of Status Desired	1 1	e Required
Zip   Country   Zip   Country   Zip   Country   S. This corporation has lability for intangible tax under a 198		)	}- <del></del>				<b>00</b> May Be
Section   Sect	<del>-</del>	Country	<del></del>	Country		Ack	
GUYNN, ROBERT R 2388 WINDWARD COVE KISSIMMEE FL 34746  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	1			30			8 189.002,
GUYNN, ROBERT R 2388 WINDWARD COVE KISSIMMEE FL 34746  1. 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 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 age familiar with, and accept the obligations of, Section 607.0505, Florida Statutes,  IGNATURE    Signature   Syect or protections or of registered agent and like it application.		9. Name and Address of Curre	ent Registered Agent	all s	10. Name and Address of New F	legistered Agent	
1. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title? applicable.  NOTE Registered Agent separative restricted when reinstating?  Description of printed name of registered agent and title? applicable.  NOTE Registered Agent separative restricted when reinstating?  Description of printed name of registered agent and title? applicable.  NOTE Registered Agent separative restricted when reinstating?  DATE  1. TITLE  CHANGE  QUINN, ROBERT R  2388 WINDWARD COVE  1.3 SIREET ADDRESS  KISSIMMEE FL 34746  DELETE  1.4 CITY-ST-2IP  ILE  DELETE  1.4 CITY-ST-2IP  LE  DELETE  3.1 SIREET ADDRESS  3.2 VAME  2.2 SAME  2.3 SIREET ADDRESS  3.3 SIREET ADDRESS  3.3 SIREET ADDRESS  3.3 SIREET ADDRESS  3.4 CITY-ST-2IP  LE  MME  MEET ADDRESS  MME  4.2 SAME  4.3 SIREET ADDRESS  MME  4.2 SAME  4.3 SIREET ADDRESS  MME  4.3 SIREET ADDRESS  MME  4.4 CITY-ST-2IP  LE  DELETE  5.1 TITLE  Change  C	2388 WI	NDWARD COVE		83	ress (P.O. Box Number is Not Acceptab	loc l	Zip Code
D	familiar with	h, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 607.0505, Florida Statute	IZEG by the corporation's boass.  NOTE: Registered Agent signature require	ard of directors. I hereby accept the appointment of the population of the property of the pro	DATE	ed agent. I am
AME GUYNN, ROBERT R 2388 WINDWARD COVE 13 STREET ADDRESS HTY-ST-ZIP KISSIMMEE FL 34748  12 NAME 13 STREET ADDRESS HTY-ST-ZIP  DELETE 2 1 TITLE AME 22 NAME 23 NAME 23 STREET ADDRESS 11Y-ST-ZIP  TLE AME 32 NAME 33 STREET ADDRESS 11Y-ST-ZIP TLE AME 13 STREET ADDRESS 11Y-ST-ZIP TLE AME 14 STREET ADDRESS 11Y-ST-ZIP TLE AME 15 STREET ADDRESS 11Y-ST-ZIP TLE AME 16 STREET ADDRESS 11Y-ST-ZIP TLE AME 16 STREET ADDRESS 11Y-ST-ZIP TLE AME 17 ST-ZIP TLE AME 18 STREET ADDRESS 11Y-ST-ZIP TLE AME 18 STREET ADDRESS 11 STREET ADDRESS 12 STREET ADDRESS 13 STREET ADDRESS 14 STREET ADDRESS 15 STREET ADDRESS	·				ADDITIONS/CHANGES TO OFF		
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[Y-St-ZIP] 64 CITY-S1-ZIP 64 CITY-S1-ZIP  If 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. If certifying the information indicated as supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If		cortify that the information appealing	with this files is unforted at	6.4 CITY - ST - ZIP			

SIGNATURE: \_

Rahv R. Henry SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

4/55/62 405-846-66-23