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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000067899 (3)**

1. Corporation Name
GARY'S ROOFING SERVICE, INC.

Principal Place of Business	Mailing Address
4380 BRYANTS POND LANE SARASOTA FL 34233 US	4380 BRYANTS POND LANE SARASOTA FL 34233-1900 US

3. Date Incorporated or Qualified: **09/29/1993**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **65-0438948** ☐ 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

SUSAN ACKERLAND
4380 BRYANTS POND LANE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ACKERLAND, SUZAN		1.2 NAME	
STREET ADDRESS	4380 BRYANTS POND LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, TOM		2.2 NAME	
STREET ADDRESS	5525 BLOUNT AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	AVP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MANSUR, BRADLEY		3.2 NAME	
STREET ADDRESS	3717 RADNOR PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ACKERLAND, SUZAN		4.2 NAME	
STREET ADDRESS	4380 BRYANTS PONDS LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ACKERLAND, SUZAN		5.2 NAME	
STREET ADDRESS	4380 BRYANTS POND LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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] President 2/21/97 941 922 5199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #