## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P93000074244 (3) DOCUMENT #

## **FILED** Apr 21 1998 8:00am Secretary of State

HOUSTON BROTHERS ROOFING, INC. Principal Place of Business Mailing Address 12135 W. BEAVER ST. 12135 W. BEAVER ST. JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-3210729 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζıp Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOUSTON, BILLY J 12135 W. BEAVER ST. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32220 Zip Code City 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 title if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE TITLE 1.1 TITLE Change Addition HOUSTON, BILLY J NAME 1.2 NAME 12135 W. BEAVER ST. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32220 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HOUSTON, JOHN N NAME 2.2 NAME 63 HALSEMA RD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32220 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-S1-ZIP 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 ennual 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:

4113-98