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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000078251 (4)

1. Corporation Name
NUNNEMAKER ROOFING, INC.

Principal Place of Business

2800 KIRBY AVE
STE 203
PALM BAY FL 32905
US

Mailing Address

2800 KIRBY AVE
STE 203
PALM BAY FL 32905-9433
US



3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
03/04/1996

4. FEI Number
59-3211467

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

2. Principal Place of Business

21 1730 Canova St. SE
Suite, Apt. #, etc.

2a. Mailing Address

26 1730 Canova St. SE.
Suite, Apt. #, etc.

City & State

23 Palm Bay, FL.
Zip 32909 Country

City & State

28 Palm Bay, FL.
Zip 32909 Country

9. Name and Address of Current Registered Agent

PATTERSON, DAVID R
S & D ENTERPRISES
166 SEA PARK BLVD
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	NUNNEMAKER, JIM M	2800 KIRBY AVE #203	PALM BAY FL	<input type="checkbox"/>
VP	MCTIGUE, JEANNINE	981 GRAPEFRUIT ROAD SE	PALM BAY FL	<input checked="" type="checkbox"/>
S	ROSERIO, SAM	275 CINNAMON DRIVE	SATELLITE BEACH FL	<input checked="" type="checkbox"/>
T	ROSERIO, SAM	275 CINNAMON DRIVE	SATELLITE BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
11	12	13	14	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/15/97
Date

(407) 168-6445
Daytime Phone #

CR2E034 (9/96)