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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078251 (4)

NUNNEMAKER ROOFING, INC.

Principal Place of Business

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



1730 CANORA PALM BAY FI		1730 CANORA ST. S.E. PALM BAY FL 32909			Ì					
US US					ľ	DO NOT WRITE IN THIS SPACE				
						3. Date Inco	rporated or Quali	fied		
2. Principal P	lace of Business	2a. Mailing Address	,,,			4, FEI Numb			A	oplied For
21 173C) Canova St SE.	26 1730 Can	OVO	- 51.	SE	59-32	11467		No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificati	e of Status Desire	d 🗆		Additional equired
City & Stat	е	City & State		- ,		6. Election C	Campaign Financi	ng	\$5.00	May Be
23 Kalm	Bay FL.	28 Palm Bay	<u>,</u> ۲	<u> </u>		Trust Fun	d Contribution		Added	to Fees
Zip	Country	Zip	Countr				oration owes or ha			1
24 329		29 <u>32404</u> 30	이 _ ㄴ	<u> </u>	1		Property Tax due			_ No
	 Name and Address of Current Re INNEMAKER, JIM 	10. Name and Address of New Registered Agent								
	Name									
1730 CANOVA STREET S.E.				Street /	Addres	s (P.O. Box N	umber is Not Acce	eptable)		
PALM BAY FL 32909										
			83	'						- 1
			84	City				F	L 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										
	Signature, typed or printed name of registered agent an OFFICERS AND D			ent signature	required v	when reinstating)	00.41050 70.6	DATE	ID DIRECTOR	20.11.40
12.	OFFICERS AND DI	DELETE	13.		$\overline{}$	ADDITION	S/CHANGES TO C	DEFICERS AF	Change	Addition
NAME	NUNNEMAKER, JIM M	□ orten.	1.2 NAME		٢		- L		McT cuande	Variation
	2600 KIRBY AVE #203		i		Nu	NNEW	raker,_	Jim	m.	
STREET ADDRESS	PALM BAY FL			I ADDRESS	1,73	o Gar	naker, nova s y, Fc	1. 20	200	[1
CITY-ST-ZIP TITLE	TACH DATE	DELETE	1.4 City - 2.1 TITLE	51-7IP	PAL	m_{15a}	y , rc	عک و	Change	Addition
NAME		DELETE	2.2 NAME						Onlinge	Madicion
STREET ADDRESS			•	T ADDRESS						
CITY-ST-ZIP	•		2.4 CITY							ľ
TITLE		DELETE	3.1 TITLE	21.11					Change	Addition
NAME			3.2 NAME						CJ onange	
STREET ADDRESS		ľ		TADDAESS						
CITY-ST-ZIP			3.4 CITY-							
TITLE		DELETE	4.1 TITLE	91 511		·			Change	Addition
NAME	`	_	4. 2 NAME	}					,	_
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			4.4 CITY-							
TITLE		DELETE	5.1 TITLE	<u></u>		·			Change	Addition
NAME			5.2 NAME	ĺ						_
STREET ADDRESS		ļ		T ADDRESS						
City-S1-ZIP			5.4 CITY-1							
TITLE		DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NAME						-	
STREET ADDRESS			6,3 STREE	1 ADDRESS						
CITY-ST-ZIP			6.4 CITY-	- 1						

14. Thereby certify that the information supplied with this filling 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 corp ration 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 chapted, or on a rational statutes.