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

PROFIT——— CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000018531 (1)

DOCUMENT # 1. Corporation Name	P94000018531	(1
TITAL DOODING OF	NITH WA	

	N ROOFING SOUTH, INC.									
Principa' Place	e of Business	Mailing Address				1 10011001 110 1011 01011 00111 001		INGI IKINI K	1186 11181 1481 188	/1
7590 NW 7 PARKLAND		7590 NW 75 DR Parkland FL 330	67							
						3. Date Incorporated or Qualified 03/04/1994	3a. Date	of Last R)8/08/1 !	•	
	ace of Business	2a. Mailing Address				4. FEI Number 65 - 04	75874		Applied For	
21	Ш	26							Not Applicable	e
Suite, Apt.		27	Suite, Apt. #, etc.		Na	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State)	ı ·	City & State			6. Election Campaign Financing	\$5.00 May Be			
Zip	Country	28 Zip	Cour	atr _e	· · ·	Trust Fund Contribution			d to Fees	
24	25	29	30	юу		8. This corporation has liability for in Florida Statutes Yes		cunder s	199.032,	-
	9. Name and Address of Currer					10. Name and Address of New R		oent		\dashv
				81	Name					\dashv
SINCL	AIR, MARK A		Í	82	Otto ot A deli-	ss (P.O. Box Number is Not Acceptable				
	W 75 DR			82	Street Addres	ss (r.o. box number is Not Acceptabl	ie)			
	AND FL 33067			83				· · · · · · · · · · · · · · · · · · ·		\neg
			ļ	84	04.			, ,		
					City		FL		p Code	
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the abov	/e-na	med corporal	tion submits this statement for the purp	ose of char	nging its r	egistered offic	o o
familiar wit	th, and accept the obligations of, Sect	oa. Such change was author bon 607.0505, Florida Statut€	izea by the o es.	orpori	ation's board	of directors. I hereby accept the appo	intment as r	egistered	agent. I am	
SIGNATURE _										-
	Signature, typed or printed han e of registered agent		NOTE. Registered a	Agent si	ignature required v		DATE			
12.	D OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI				CR2E034 (12/95)
NAME I	SINCLAIR, MARK A	L"] Dereie	1 1 1 1 1 1				L.] Change	Addition	2
STREET ADDRESS	7590 NW 75 DR		1 2 NAI		Paran	/				8
CITY-ST-ZIP	PARKLAND FL 33067				DRESS					١
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NAME	SINCLAIR, ANDREA G		2 2 NAI				L.] Change	☐ Addition	
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NAME			6.2 NAM	ЛE						
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I 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. 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 or an attachment with an address.

SIGNATURE:

_ MARK A. SINCLAIR, PRES. SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorio #