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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000025594 (0)

GOLDSMITH ROOFING INCORPORATED

Principal	Place of	Business	
ASSE PILIS	DD E		

Mailing Address

9225 KING RD E

FILED Mar 19 1997 8:00am Secretary of State



FT MYERS FL			FT MYERS FL 33912	-3706						
						04/04/1994 09/24		e of Last Report 4/1996		
2. Principal	Place of Busi	ness	2a. Mailing Addres	S			4. FEI Number		A	pplied For
21			26				65-0477908			ot Applicable
Sulte, Ap	t. #, et c.		Suite, Apt. #, et	C.			5. Certificate of Status Desired			Additional equired
City & Sta 23	alo		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country 25	Zip 29	30 Cou	ntry		B. This corporation has liability for i Florida Statutes	ntangible t] Yes [s. 199.032,
=:1./**-	9, Name		rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
MA	SON, JONA	THON R	7 • · · · · · · · · · · · · · · · · · ·		81	Name				
922	5 KING RD	E			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
FI	MYERS FL	33912			83				· · · · · · · · · · · · · · · · · · ·	
					84	City		FL	85 Zip	Code
11. Pursuan office or agent. I	nt to the provis r registered ar am familiar w	sions of Sections 607.0 gent, or both, in the St vith, and accept the ob	1502 and 607.1508, Florida ate of Florida. Such chango ligations of, Section 607.05	Statutes, the all was authorized 05, Florida Stat	L. bove d by tutes	e-named o the corposit	corporation submits this statement for the p oration's board of directors. I hereby accep		changing in the changing is consistent as	ts registered registered
SIGNATURE	Signature, type	d or printed name of registered	agent and title if applicable	(NOTE: Registere	d Age	n orularigia fire	required when reinstating)	DATE		
12.		OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PVP		[DELE	TE 1.1 11	TLE				Change	Addition
NAME		JONATHON R.		1.2 N/	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	FT MYER	S FL			_	31-7(P			05	T disco-
TITLE	ST		X DELE					!	Change	Addition
NAME	1	TH, M. JEAN		22 N						
STREET ADDRESS	N FT MY	GART AVE				ADDRESS				
CITY-ST-ZIP TITLE	T	ENO I'L	DELE			ST-ZIP			Change	Addition
NAME	GOLDSM	ITH, ROBERT V	ED 4444	3.2 N						
STREET ADDRESS		GART AVE				ADDRESS				
CITY-ST-ZIP	N FT MY					ST-ZIP				
TITLE	1		DELE						Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS	s			4.3 \$	TREE 1	ADDRESS				
CITY-ST-ZIP					ITY - 9	ST - 2(P				
TITLE			☐ DELE	TE 5.1 TI	TLE				☐ Change	Addition
NAME				5.2 N					. h	n 1/2
STREET ADDRESS	\$ 1377					ADDRESS			VID	7-19
CITY-ST-ZIP			T SELE			37 - 2 1P			Charas	Addition
TITLE			DELE				50000211	866	Trinange	L AUGITION
NAME				62 N			50000211 -03/20/97010:	1200	19	
STREET ADDRESS	\$					ADDRESS	***165.00			
CITY-ST-ZIP				6.4 C	HY- S	ST-ZIP				

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