

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90114 003 \*\*\*150.00

DOCUMENT # P94000036456

1. Corporation Name

PREMIER TILE ROOFING, INC.

Principal Place of Business

8712 E CRESCO LN  
INVERNESS FL 34453  
US

Mailing Address

P.O. BOX 670  
INVERNESS FL 34450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3244994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3221 E. THOMAS ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 INVERNESS FL.

Zip

24 34453

Country

25 U.S.A.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

SUGGS, DANNY  
3221 E. THOMAS ST.  
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SUGGS, DANNY	1.1 TITLE	
NAME	3221 E THOMAS ST	1.2 NAME	
STREET ADDRESS	INVERNESS FL 34453	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPST SUGGS, GARY	2.1 TITLE	VPST
NAME	8712 E CRESCO LN	2.2 NAME	GOMEZ, JOSE PABLO
STREET ADDRESS	INVERNESS FL 34453	2.3 STREET ADDRESS	2126 W. ST. JOSEPH STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL. 33607
TITLE	VD SUMLIN, DAVID	3.1 TITLE	VP
NAME	9471 S KINGBIRD TERR	3.2 NAME	LOPEZ, ALLAN JESUS.
STREET ADDRESS	FLORAL CITY FL	3.3 STREET ADDRESS	6507 N. ADRIANA AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL. 33604
TITLE	VP STEED, WAYNE	4.1 TITLE	VP
NAME	1324 CYPRESS COVE CT	4.2 NAME	CHINCHILLA, HECTOR HENRIQUE
STREET ADDRESS	INVERNESS FL 34453	4.3 STREET ADDRESS	320 PLEASANT GROVE ROAD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	INVERNESS, FL. 34453
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4-30-99

Date

(352) 637-2422

Daytime Phone #

CR2E034 (11/98)