

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

FILED

Apr 28 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 # **P94000087220 (7)**

1. Corporation Name

GERARD'S ROOF BRITE, INC.

Principal Place of Business

**330 S.W. 185TH ST.
NEWBERRY FL 32669**

Mailing Address

**330 S.W. 185TH ST.
NEWBERRY FL 32669-3116**

3. Date Incorporated or Qualified **11/30/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 2930 NW 63 PLACE	26 2930 NW 63 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 GAINESVILLE FL	28 GAINESVILLE FL
Zip	Zip
24 32653	29 32653
Country	Country
25 USA	30 USA

4. FEI Number **59-3282426** 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

9. Name and Address of Current Registered Agent

**KRILL, CHRISTOPHER G
330 S.W. 185TH ST.
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent

81 Name	Krill CHRISTOPHER G.
82 Street Address (P.O. Box Number is Not Acceptable)	2930 NW 63 PLACE
83	
84 City	GAINESVILLE
FL	FL
85 Zip Code	32653

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 type for 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	D	1.1 TITLE	D/P
NAME	KRILL, CHRISTOPHER G	1.2 NAME	Krill CHRISTOPHER G.
STREET ADDRESS	330 S.W. 185TH ST.	1.3 STREET ADDRESS	2930 NW 63 PLACE
CITY-ST-ZIP	NEWBERRY FL 32669	1.4 CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE **Christopher G. Krill** 4/21/97 352-665-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)