FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000088605 (8)**

1. Corporation Name

CHYLE'S ROOFING, INC.

Principal Place of Business

6706 N GLEN DRIVE
TAMPA FL 33618

Mailing Address

6706 N GLEN DRIVE
TAMPA FL 33618

3. Date Incorporated or Qualified: **12/05/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3288584** ☐ 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

2. Principal Place of Business (21, 22, 23, 24, 25)

2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

CHYLE, WILLIAM
6706 N GLEN DRIVE
TAMPA FL 33618

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, N/12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHYLE, WILLIAM		1.2 NAME		
STREET ADDRESS	6706 N GLEN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, JOHN		2.2 NAME		
STREET ADDRESS	C/O 6706 N GLEN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SHUMAKE, ALBERT		3.2 NAME	James Spruell	
STREET ADDRESS	C/O 6706 N. GLEN AVE		3.3 STREET ADDRESS	c/o 6706 N. Glen Ave	
CITY-ST-ZIP	TPA FL 33614		3.4 CITY-ST-ZIP	TPA. FL. 33614	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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 added in an attachment with an address.

SIGNATURE: William Chyle President 3-27-96 813-972-2959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

William M. Chyle President

CR2E034 (12/95)