## FILE NOW: FILING FEE AFTER MAY T IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF DOCUMENT # P9500005387 (2)

A BREEZE ROOFING CO.

Principal Place of Business

Mailing Address

3308 LONGRIFLE DR WIMAUMA FL 33598 3308 LONGRIFLE DR WIMAUMA FL 33598-7816

## FILED Aug 07 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

,						01/20/1995	0/1995 05/10/1996			
	ace of Business	2a. Mailing Address			.	4. FEI Number	<u> </u>	<del></del>	plied For	
	S. US Hwy 41	26 601 S. U	75	My 4		59-3301575			t Applicable	
Suite, Apt.	t, etc.	Suite, Apt. #, etc.		5	}	5. Certificate of Status Desired	<b>X</b>	\$8.75		
22		27					<b>,</b>	Fee Re	٠	
City & State	1	City & State	r-1			6. Election Campaign Financing	г	\$5.00		
23 Rus	Country	128 DUSKIN	7-C	untry		Trust Fund Contribution	Ц	Added		
zip 24 <b>3</b> ろち	. <u>L</u>	トラクのくへんト		ΑŽΪ		8. This corporation has liability for in Florida Statutes	ntangible ta Yes 🔲		. 199.032,	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ПІН	CHINSON, TIMOTHY J	81 Name					~~~			
3308 LONGRIFLE DR Wimauma Fl 33598					82 Street Address (P.O. Box Number is Not Acceptable)					
					52 Street Address (P.O. Box Number is Not Acceptable)					
					83					
				84 City			···	1-5:		
					4 City FL 85 Zip Code					
	o the provisions of Sections 607.0502						urpose of cl			
office of re	egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was au ions of, Section 607,0505. Flor	ithorize ida Sta	d by the corp tutes.	oration	n's board of directors. I hereby accep	t the appoir	itment as	registered	
SIGNATURE										
	Signature, typed or printed name of registered agent			d Agent signature	required		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PT	DELETE	1.1 T	i	i P	tobacco Ti	الح.	Change	☐ Addition	
NAME	HUTCHINSON, TIMOTHY J		1.2 N		ш	tchinson, Timot	huJi			
STREET ADDRESS	3308 LING RIFLE DR.			TREET ADDRESS						
CITY-ST-ZIP	WIMAUMA FL 33598	DELETE	•	ITY-ST-ZIP				Change	☐ Addition	
TITLE	V\$ HUTCHINSON, LISA K	DELETE	2.1 T		္ပ	A A A TO A LIGHT K		Change	☐ AOORION	
NAME	3308 LONG RIFLE DR.		2.2 N			tchmoon, LISA K				
STREET ADDRESS	WIMAUMA FL 33598			TREET ADDRESS	1513	so8 Long Rifle Dr.	- 00			
CITY-ST-ZIP TITLE	TIMINUMN I'L 00090	DELETE	3.1 7	CITY-ST-ZIP	10	imauma, P633	2 19 L	l' Change	Addition	
NAME			3.2 N		Č.	irae L. Baxter	_	1 Onlingo	Z Noullion	
STREET ADDRESS				TREET ADDRESS	21	08 S. Maritana	Dr.			
CITY-ST-ZIP				CITY-ST-2IP	2	Pete Bch Fi	3.7	7/1/2	,	
TITLE		DELETE	4.1 To		<u> </u>	Trove John Jes	<u>- 33</u>	Change	Addition	
NAME			4.21	· · · · · · · · · · · · · · · · · · ·		·	_	= 2.10/18°		
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP				ITY-ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 Ti					Change	Addition	
NAME			5.2 N	AME I				-	_	
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP				ITY-ST-ZIP						
TITLE		DELETE	6.1 7					Change	Addition	
NAME			62 N	AME		•		-		
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP	•			ITY-ST-ZIP						
14. I do hereb	y certify that the information supplied	with this filing does not qualify	for the	exemption st	lated in	Section 119.07(3)(i), Florida Statutes	. I further o	ertify 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 Statules; and that my name										
annears in Plank 12 or Plank 12 if shanned or as an attachment with an address										
appears in block 12 of block 13 in changed, of the art attachment with an address.										