

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 # P95000007663

1. Corporation Name

Gopher Roofing, Inc.

Principal Place of Business

**2650 TRINIDAD ST
SARASOTA, FL
34231**

Mailing Address

**2650 TRINIDAD ST
SARASOTA, FL
34231**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

1/25/95

3a. Date of Last Report

NONE

4. FEI Number

65 0571179

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

10. Name and Address of New Registered Agent

81 Name

DANIEL L. PREWETT

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

5767 BENEVA CLARK PLAZA

83

84 City

SARASOTA

FL

85 Zip Code

34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

DANIEL L. PREWETT

5/13/96

12. OFFICERS AND DIRECTORS

TITLE **SECRETARY** ☒ DELETE
NAME **JOHN CUSIMANO**
STREET ADDRESS **2651 JAMAICA ST**
CITY-STATE-ZIP **SARASOTA, FL 34231**

TITLE **SECRETARY** ☒ DELETE
NAME **SALVATORE NILDRENZO JR.**
STREET ADDRESS **5250 PROCTOR RD.**
CITY-STATE-ZIP **SARASOTA, FL 34233**

TITLE **Pres./Treas./Director** ☐ DELETE
NAME **Darin Ackerland**
STREET ADDRESS **2650 TRINIDAD ST.**
CITY-STATE-ZIP **SARASOTA, FL 34231**

TITLE **V.P./D.** ☐ DELETE
NAME **Nathan Ackerland**
STREET ADDRESS **4380 Bryants Pond Ln**
CITY-STATE-ZIP **SARASOTA FL 34233**

TITLE **Jill ACKERLAND (Secy)** ☐ DELETE
NAME **Jill ACKERLAND**
STREET ADDRESS **2650 TRINIDAD ST**
CITY-STATE-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Pres, Treas, Director**
3.3 STREET ADDRESS **Darin Ackerland**
3.4 CITY-STATE-ZIP **2650 TRINIDAD ST**
SARASOTA, FL 34231

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V.P.**
4.3 STREET ADDRESS **Nathan Ackerland**
4.4 CITY-STATE-ZIP **4380 Bryants Pond Ln**
SARASOTA, FL 34233

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Jill Ackerland Secretary**
5.3 STREET ADDRESS **2650 TRINIDAD ST**
5.4 CITY-STATE-ZIP **SARASOTA, FL 34231**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **100001857571**
6.3 STREET ADDRESS **-06/11/96--01039--002**
6.4 CITY-STATE-ZIP *****225.00**

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)(k), 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:

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

Darin Ackerland

5/13/96 927-1230

CR2E034 (12/95)