

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000014322**
1. Corporation Name
M.W. Construction & Roofing Co., Inc.

REINSTATEMENT 96-97

Principal Place of Business
5919 S.E. 68th St., Suite 109
P.O. Box 531
Ocala, FL 34478
US

Mailing Address
5919 S.E. 68th St., Suite 109
P.O. Box 531
Ocala, FL 34478
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
02/16/95

3a. Date of Last Report

4. FEI Number

65-0563889

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

10. Name and Address of New Registered Agent

Walters, Mark A.
1518 S.E. 12th St.
Ocala, FL 34472

81 Name

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

100002220731--9

-06/24/97--01006--002

******200.00 ****200.00**

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 ☐ DELETE

1.1 TITLE

NAME **Walters, Mark A.**

1.2 NAME

STREET ADDRESS **1518 S.E. 12th St.**

1.3 STREET ADDRESS

CITY-ST-ZIP **Ocala, FL 34472**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME **Walters, Michele R.**

2.2 NAME

STREET ADDRESS **1518 S.E. 12th St.**

2.3 STREET ADDRESS

CITY-ST-ZIP **Ocala, FL 34472**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-ST-ZIP

7.4 CITY-ST-ZIP

14. I do hereby certify that the information submitted 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; 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:

Mark A. Walters 3-14-97

352-245-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2/2



Post Office Box 531
Ocala, Florida 34478
352/245-1117

June 10, 1997

Florida Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: P95000014322

Dear Sirs,

This letter is in response to the return of our 1997 annual report and check. We were notified that we had not filed a 1996 Annual Report and our corporation had been dissolved. We never received an Annual Report form last year and the person in the office was not aware it needed to be filed.

I have enclosed two checks. One is for \$200.00 for the 1996 Annual Report and one is for \$165.00 for the 1997 Annual Report. Also enclosed is the Annual Report for 1997, signed in box eleven as requested.

We appreciate your understanding in this matter and assure you we will be more alert as to the receipt of this report in future.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Debbie Shaw', is written over the typed name.

Debbie Shaw