

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022147 (9)

1. Corporation Name

ALL COUNTIES ROOFING, INC., OF CITRUS COUNTY



Principal Place of Business

2406 N. FLORIDA AVE.
HERNANDO FL 34442

Mailing Address

2406 N. FLORIDA AVE.
HERNANDO FL 34442

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 3824 E GULF TO LAKE HWY

Suite, Apt. #, etc.

22 #3

City & State

23 INVERNESS FLORIDA

Zip

24 34453

Country

25 USA

2a. Mailing Address

26 3824 E GULF TO LAKE HWY

Suite, Apt. #, etc.

27 #3

City & State

28 INVERNESS FLORIDA

Zip

29 34453

Country

30 USA

4. FEI Number

59-3301495

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

JACOBSEN, DENNIS
2406 N. FLORIDA AVE.
HERNANDO FL 34442

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

Signature type for principal officer and director only (not for registered agent)

(Not for Registered Agent signature required when not needed)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JACOBSON, DENNIS
STREET ADDRESS 1748 W. ALHAMBRA DR.
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE PRESIDENT
2.3 STREET ADDRESS JOSEPH RIO
2.4 CITY-ST-ZIP 1143 BREAKWATER CT
MARCO ISLAND FL 33937

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TREASURER
3.3 STREET ADDRESS STEPHEN J SMITH
3.4 CITY-ST-ZIP 3824 E GULF TO LAKE HWY
INVERNESS FL 34453

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY
4.3 STREET ADDRESS ROBERT JACOBSON
4.4 CITY-ST-ZIP 3824 E GULF TO LAKE HWY
INVERNESS FL 34453

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

Dennis Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

(352)637-3677

Date

Display Phone #

CR2E034 (12/95)