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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996	Secretary of State DIVISION OF CORPORATIONS			
	00037223	(1)		
Corporation Name		(-)		
BLUE CHIP ROOFING, INC.			 1 10 10 10 10 10 10 10 10 10 10 10 10 1	HI sa rii sara anii n adi araa maas ka
Principal Place of Business	Mailing Address			
510 S PARK ROAD ₹1013 510 S PARK ROAD ₹1013				
HOLLYWOOD FL 83021	HOLLYWOOD FL:	13021		
2690 S. Park Road #		.)	3. Date Incorporated or Qualified	3a. Date of Last Report
Hallandale, FL 33	· · · · · · · · · · · · · · · · · · ·		05/10/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suta Apt # etc		65-0582592	Not Applicable
22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζιρ	Country	8. This corporation has lability for in	
24 [25]	29	30	Florida Statutes	
g. Name and Address of Curre	int Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
MITCHELL, RICHARD				
510 S PARK ROAD #10-13		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
HOLLYWOOD FL 33021		83		
•		84 City		2. O. d.
•		- /		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,050 or registered/agent, or both, in the State of Eloc	/2 and 607.1508, Florida Stat fida: Such change was autho	utes, the above named con ized by the corporation's b	poration submits this statement for the purpopard of directors. Thereby accept the appo	xise of changing its registered office
or registered/agent, or both, in the State of Flo familiar with and accept the obligations of fall	tion 607,0505, Florida Statut	es	The desired and the depo	·/ /- 10
SIGNATURE: Stor a rise, by pect or printeed marine, of rest strang; a give	TRESICENT	NOTE: Projectered Agent signature ruc	non-local manufacture	4/30/76
12. OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1 TITLE	President	☐ Change ★ Addition
NAME		1.2 NAME	Richard Mitchell	
STREET ADDRESS			5105 Park Road #10	
CITY-ST-ZIP TITLE	DELETE	1 4 CITY - ST - ZIP 2 1 FITLE	Hollywood FL 330	
NAME		2 2 NAME		☐ Change ☐ Addilion
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		24 CITY ST-ZIP		
TITLE	☐ DELETE	3 1 THILE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	Fil printe	3 4 CI*Y - S1 - 71>		
TITLE NAME	DELETE	4 1 TITLE		Change Addition
STREET ADDRESS		4 2 NAME		
City-St-ZiP		4.3 STREET ADDRESS 4.4 City - St - Zip		
TITLE	DELETE	5 1 Tifle	70000185.	4 1 Change Addition
NAME		5.2 NAME	70000185. -06/06/960108 ***200,00	4039
STREET ADDRESS		5.3 STREET ADDRESS	***200.00	
CITY - ST - ZIP		5 4 City - ST - ZiF		
TITLE	☐ DELE1E	6 1 TITLE		Change Addition
NAME STREET ADDRESS		6 2 NAME		5/,
AUREE LACHMENN I		■ C 3 STOCCE ADODCCC		,,
CITY-ST-ZIP		6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		(')2

I do hereby certify that the information supplied with this fling 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 cath, that I am an officer or director of the corporation or the receiver or trusted 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 aridress.

KICHACL MITCHE!

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE: Kich