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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000063438

ROBERT MIDDLETON ROOFING CONTRACTOR, INC.

Principal Place of Business 730 Bayfront Pky

Suite 4-B

Pensacola, FL 32501

Mailing Address

ROBERT L. MIDDLET ON, PRESIDENT

730 Bayfront Pky Suite 4-B

Pensacola, FL 32501

## **FILED** May 17, 1999 8:00 am Secretary of State

05-17-1999 90015 036 \*\*\*150.00

rensacola, FL 32501 rensacola, FL 32501						3. Date Incorporated or Qualified 08/14/1995	3a. Da	ate of Lasi	Report	
2. Principal	Place of Business	2a. Mailing Address	dress			4. FEI Number 59-3329665	<u> </u>	F	Applied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			<del></del>	5. Certificate of Status Desired		\$8.75	Not Applicable  Additional	
City & State City & State						6. Etection Campaign Financing			Required  May Be	
23					Trust Fund Contribution Added to Fees					
24	Country	Zip 29	Countr	Y		8. This corporation has liability for			s. 199.032	
241	9. Name and Address of Current	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent							
JAMÉS J. REEVES, ESQUIRE					Name					
700 DAMBONE DAMPING GOVERN					00 Character (00 D					
PENSACOLA, FL 32501				62 Street Address (P.O. Box Number is Not Acceptable)						
IENSACOLA, FL 32301				83						
Phid Mildet.								TT		
Money freeze off							FL		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 pereby accept the appointment of 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 lamiliar with and accept the obligations of Section 607.0505, Florida Statules.										
SIGNATURE Signature, typed or printed name of legislatered agent and title if applicable (NOTE: Rugislatered Agent signature required when printed in printed name of legislatered agent and title if applicable (NOTE: Rugislatered Agent signature required when printed in the pr										
12.	OFFICERS AND		E: Rugistered Ag-	ent signato	re required	ADDITIONS (CHANGES TO OSSIG	DATE	overa		
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STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-MP			6 4 CITY - ST	- ZIP						
14. I do hereby certify that the information supplied 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 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: 1/28/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/28/99										