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 # **P95000072115 (5)**

1. Corporation Name
TROPIC ROOFING, INC.

Principal Place of Business
27228 GASPARILLA DR.
BONITA SPRINGS FL 33923

Mailing Address
27228 GASPARILLA DR.
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: **09/18/1995**
3a. Date of Last Report:

4. FEI Number: 65-0612643 — ☐ 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

2. Principal Place of Business
21: 1075 Sandpiper St.
Suite, Apt. #, etc.
22:
City & State
23: Naples Florida
Zip / Country
24: 33962 25: Collier

2a. Mailing Address
26: P.O. Box 990362
Suite, Apt. #, etc.
27:
City & State
28: Naples Florida
Zip / Country
29: 33999 30: Collier

9. **Name and Address of Current Registered Agent**

JONES, WILLIAM E
27228 GASPARILLA DR.
BONITA SPRINGS FL 33923

10. **Name and Address of New Registered Agent**
81 Name: Jones, William E. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1075 Sandpiper St.
83: ≠
84 City: Naples **FL** 85 Zip Code: 33962

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] DATE ________
Signature, Typed or printed name of new Registered Agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JONES, WILLIAM E	
STREET ADDRESS	27228 GASPARILLA DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Jones, William E. Jr.	
1.3 STREET ADDRESS	1075 Sandpiper St.	
1.4 CITY-ST-ZIP	Naples Fl. 33962	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Paul Salomone	
2.3 STREET ADDRESS	2271 41st Terr.	
2.4 CITY-ST-ZIP	Naples Fl. 33999	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	Felix Sanchez	
3.3 STREET ADDRESS	30 Pecan St.	
3.4 CITY-ST-ZIP	Naples Fl.	
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Donald Beaver	
4.3 STREET ADDRESS	Shoreview Dr #7	
4.4 CITY-ST-ZIP	Naple Fl.	
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: William E. Jones — 4-10-96 — 941-353-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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