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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000074438 (9)

DOCUMENT # F
1. Corporation Name
R.P.M. ROOFING, INC.

Principal Place of Business

Mailiner Address



Principa: Piace oi	Dusiless	William 19 7 Wildingson			
1324 N.W. 58TH AVE. Margate fl 33063		1324 N.W. 58TH AVE. Margate FL 33063			
				 Date Incorporated or Qualified 09/26/1995 	3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied Far
5425		826 5425 NW	24 St	65-061586	Not Applicable
Suite, Apt #,		Suite, Apt. #, etc. 27 + 208		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State 28 MROSTE	. Fh	Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip	Country 25	29 33063 3	Country		□ No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New F	tegistered Agent
	**		81 Name		
THOMAS, RANDY D			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
1324 N.W. 58TH AVE.					
MARGATE FL FL330-63			83		
			84 City	oration submits this statement for the pu	FL 85 Zip Code
familiar with	and accept the obligations of, Sect	on 607,0595, Florida Statutes.	Fragistered Apent signal, to to po	rrad Wisch renistating:	-25-96
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	TICERS AND DIRECTORS IN 12
ITLE	D	DELETE	1, I TIFLE		Change Addition
AME	THOMAS, RANDY D		1.2 NAME		
TREET ADDRESS	1324 N.W. 58TH AVE.		13 STREET ADDRESS		
ITY - ST - ZIF	MARGATE FL 33063	F 65 FT	14 CITY - ST - ZIP		Change Addition
ITLE	D	DELETE	2 1 TITLE		
AME	WICKER, PAUL		2.2 NAME 2.3 STREET ADDRESS		
TREET ADDRESS	5805 N.W. 18TH ST.		2.4 CITY - ST - ZIP		
ITY-ST-ZIP	MARGATE FL 33063	DELETE	3 1 III E		Change Addition
AME	ALLEN, H M	<u></u> ·	3.2 NAME		
TREET ADDRESS	1437 E. RIVER DR.		3.3 STREET ADDRESS		
ITY - ST - ZIP	MARGATE FL 33063		3.4 CHY-S1-2IF		
ITLE		[] DELETE	4 1 TITLE		Change Addition
IAME			4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
JITY-ST-Z-P			4.4.CiTY - ST - ZIF		Change Additio
HTLE		☐ ĐĒLĒTĒ	5 1 Till E		ш опану» ш х ооно
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		[] DELETE	5 4 CHY - ST - ZIP 6 1 T-TLE		Change Addition
TITLE		□ beceir	62 NAME		 - _ _
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 C(T.V., \$1 - 7)P		
CITY - ST - ZIF		L. it, this fitua is voluntarily furnic	had and does not quali	fy for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further

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 amount 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 transpared, or on an attachment with an address.

SIGNATURE:

BINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 954-979-6686

3R2E034 (12/95)