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FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # P95000077778 (5)

1. Corporation Name

PREMIER TILE ROOFING OF WEST FLORIDA, INC.

Principal Place of Business

8712 E. CRESCO LANE  
INVERNESS FL 34452

Mailing Address

P.O. BOX 670  
INVERNESS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

59-3338025

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUGGS, DANNY  
2096 FOREST DRIVE  
INVERNESS FL 34453

81 Name

(same)

82 Street Address (P.O. Box Number is Not Acceptable)

3221 E Thomas St

83

84

City

(same)

FL

85

Zip Code

(same)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SUGGS, DANNY  
3221 E THOMAS ST  
INVERNESS FL 34453

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SUGGS, GARY  
8712 E. CRESCO LANE  
INVERNESS FL 34452

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
VELASQUE, JORGE  
3507 ARLINGTON AVE.  
TAMPA FL 33607

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PONCE, MANUEL  
3507 ARLINGTON AVENUE  
TAMPA FL 33607

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BENITEZ, JUAN FRANCISCO  
P.O. BOX 77082 N/A  
TAMPA FL 33675

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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VP  
WALKER, ASHLEY  
8712 E CRESCO LN  
INVERNESS FL 34452

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
VP  
TETENBURN, KEITH  
8676 E HAWES CT  
INVERNESS, FL 34453

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
VP  
HAMILTON, CHRIS  
2042 FOREST DRIVE  
INVERNESS FL 34453

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 I changed or on an attachment with an address.

SIGNATURE:

DANNY SUGGS President

4/30/98

352 344 3091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0468014

CR2E034 (10/97)