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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000077783**1. Corporation Name

25 U.S.A. 29

9. Name and Address of Current Registered Agent

PREMIER TILE ROOFING OF ORLA				
Principal Place of Business	Mailing Address	1 (831:50) 110 13(0) 3(1) 3011: 00111 00111 00		
8712 E. CRESCO LANE P.O. BOX 670 INVERNESS FL 34452 Line INVERNESS FL 34453		DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed 10/06/1995		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For	
21 3221 E. THOMAS S	(-, 26)	65-0612097	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State  23 INVERNESS FL.	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip country 344453 25 11 5 A	Zip Country	This corporation owes the current year     Personal Property Tax.	Intangible  Yes No	

30

SUGGS, DANNY 3221 E THOMAS ST **INVERNESS FL 34453** 

_		10. Name and Address of New Registered Agent					
•	81	Name COMEZ, JOSE PABLO Street Address (P.O. Box Number is Not Acceptable)					
	82	Street Address (P.O. Box Number is Not Acceptable)  2126 WEST ST JOSEPH ST.					
	83						
	84	City TAMPA. FL 85 Zip Code 33607					

**FILED** 

May 05, 1999 8:00 am Secretary of State

05-05-1999 90140 050 \*\*\*150.00

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

oπice or r agent. La	m familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.	_	
SIGNATURE	TOSE PABLO GOMEZ		4-30-99	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature r		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	P MODELETE	1.1 TITLE	P/S/T	
NAME	SUGGS, DANNY	1.2 NAME	SOMEZ JOSE PABLO 2126 WEST ST. JOSEPH ST.	
STREET ADDRESS	3221 E THOMAS ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34453	1.4 CITY-ST-ZIP	TAMPA, FL. 33607	
TITLE	VP □ DELETE	2.1 TITLE	V.P. TOSE BAUTISTA	e Addition
NAME	GOMEZ, JOSE PABLO	2.2 NAME	GOMEZ, JOSE BAUTISTA	
STREET ADDRESS	2826 VALENTINE COURT #306	2.3 STREET ADDRESS		
City-ST-ZIP	TAMPA FL 33607	2. 4 CITY-ST-ZIP	TAMPA, FL. 33607	
TITLE	VP OELETE	3.1 TITLE	VP. Chang	e Addition
NAME	GOMEZ, AMADO	3.2 NAME	GOMEZ/ MARCO IULIO	
STREET ADDRESS	3507 ARLINGTON AVENUE	3.3 STREET ADDRESS	GOMEZ, MARCO TULIO 2126 W. St. JOSEPH. St.	
C/TY-ST-Z/P	TAMPA FL 33607	3.4. CITY-ST-ZIP	TAMPA, FL. 33607	
TITLE	VP ADELETE	4.1 TITLE	V P. □ Chang	e Addition
NAME	CHINCHILLA, PEDRO ORLANDO	4. 2 NAME	GOMEZ, MARCELINO 2126 W. ST. JOSEPH St.	
STREET ADDRESS	3507 ARLINGTON AVENUE	4.3 STREET ADDRESS	2126 W. ST. JOSEPH ST.	
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	TAMPA. FL 33607	
TITLE	DELETE	5.1 TITLE	Chang	e 🔲 Addition
NAME		5.2 NAME		131
STREET ADDRESS	and the same of th	5.3 STREET ADDRESS	,	
CITY-ST-ZIP	<u></u>	5.4 CITY-ST-ZIP		<u> </u>
TITLE	. DELETE	6.1 TITLE	☐ Chang	e
NAME		6.2 NAME		i
STREET ADDRESS		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: