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

PROFIT CORPORATION **ANNUAL REPORT**

1998

2096 FOREST DRIVE

INVERNESS FL 34453



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077789 (2)

PREMIER TILE ROOFING OF TAMPA, INC.

Principal Place of Business Mailing Address P.O. BOX 670 INVERNESS FL 34452 INVERNESS FL 34453 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0612105 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUGGS, DANNY

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 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.

82

83

City

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

Thomas

SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.		IANGES TO	OFFICERS AN	D DIRECTOR	S IN 12
TIFLE	P	DELETE	1.1 TITLE	VP			Change	Addition
NAME	SUGGS, DANNY		1.2 NAME	TERRY MURPH	4			1
STREET ADDRESS	3221 E THOMAS ST		1.3 STREET ADDRESS	6015 € KI	USH C	REEK		
CITY-ST-ZIP	INVERNESS FL 34453		14 GTY-ST-ZIP	INELNESS	FC	34453		j
TITLE	\$T	DELETE	21 TITLE	VP .			Change	Addition
NAME	SUGGS, GARY		2.2 NAME	JOHN HOLLOW 4025 5 I	بدره المجريد	10A		}
STREET ADDRESS	8712 E. CRESCO LANE		2 3 STREET ADDRESS	4025 2 I	VENT	DE IK		
CITY-ST-ZIP	INVERNESS FL 34452		2 4 CITY-ST-ZIP	INVERNESS	s FL	34427		
TITLE	VP	DELETE		VP			Change	Addition
NAME	ALFARO, RAMON		32 NAME	TSIMEL ROJA	ts Houts		ISHMA	€L)
STREET ADDRESS	P.O. BOX 77082 N/A		3.3 STREET ADDRESS					-
CITY-ST-ZIP	TAMPA FL 33675		3.4 CITY-ST-ZIP	INVERNESS	PL	34453		
TITLE	VP	DELETE	4.1 TITLE				Change	Addition
NAME	CRUZ, SANTO		4. 2 NAME					
STREET ADDRESS	P.O. BOX 77082 N/A		4.3 STREET ADDRESS					ļ
CITY-ST-ZIP	TAMPA FL 33675		4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 FITLE				Change	L. Addition
NAME (5.2 NAME					ĺ
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			54 CITY - ST - ZIP					
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			6.2 NAME					}
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP	l				

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.

DAYMY J. Siges - Pies

FILED

May 18 1998 8:00am

Secretary of State

Zip Code

85