

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 # P95000077789

PREMIER TILE ROOFING OF TAMPA, INC.

Principal Place of Business 8712 E. CRESCO LANE INVERNESS FL 34452

Mailing Address

P.O. BOX 670 INVERNESS FL 34453

DO NOT WRITE IN THIS SPACE

05-05-1999 90140 032 ***150.00

	•				3.	." Date Incorp 10/06/19	oorated or Qualifed	1		ļ
8 D4:-1:-1 D		2- Mailing Address	····		- 1	. FEI Numbe			Ι Δ.	plied For
2. Principal Pl	ace of Business 1 E. THOMAS ST	2a. Mailing Address			1	65-0612				ot Applicable
Suite, Apt. :		Suite, Apt. #, etc.			5		of Status Desired		•	Additional equired
22		27								<u> </u>
City & State City & State City & State					6	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			, i	
Zip	Country Country	Zip	Country		8	. This corpor	ration owes the cu	rrent year Inta	ngible	}
24 34 4 5.73 [25] U.S. A. 29 [30]							roperty Tax.		☐ Yes	□No
	9. Name and Address of Current I	Registered Agent			10	. Name and	Address of New	Registered A	gent	
			81	Name	RA	TAS	, Ism.	AEL-		[
SUGGS, DANNY			82 Street Address (P.O. Box Number is Not Acceptable)							
3221 E THOMAS STREET			"	432 CONTINENTAL BLUCK						
INVE	RNESS FL 34453		83		•	1.				
			84	City	0.0			FL		Code
		1007 4500 51-21-01-1	45		RUA	N 00	is statement for the		hanging its	2868
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida. Such change was author	orizea by	tne corpo	corporation s b	on submits the looard of direc	is statement for the tors. I hereby acce	ept the appoint	tment as re	gistered
•	n familiar with, and accept the obligation	<u> </u>	o olatutes					11-20	\ _99	
SIGNATURE	ISMAEL ROT Signature, typed or printed name of registered agent a	red title if applicable (NOTE: Rec	gistered Age	nt signature re	equired when	reinstating)		4-30 DATE		
12.	OFFICERS AND		13.				/CHANGES TO O	FFICERS AND	DIRECTO	DRS IN 12
TITLE	P	DELETE	1.1 TITLE		7/5	/	,		Change	Addition
NAME	SUGGS, DANNY	′	1.2 NAME		ROJ	AS. 1	SMAEL		1.	
STREET ADDRESS	3221 E THOMAS ST		1.3 STREE	T ADDRESS	437	1 60	PTINENT	al bu	10,	
CITY-ST-ZIP	INVERNESS FL 34453		1.4 CITY-S		DRI	ANDO	/FL, 32	2808		
TITLE	ST	DELETE	2.1 TITLE		UP.	,	/ 		☐ Change	Addition
NAME	SUGGS, GARY	,,	2.2 NAME		TU,	NCHE	S, SAMO	IEL		, .
STREET ADDRESS	8712 E. CRESCO LANE		2.3 STREE	T ADDRESS	20	1 FO	rest Pr	٤,		
CITY-ST-ZIP	INVERNESS FL 34452		2. 4 CITY-5		A7	POPKA	- FL.	3270	3	
TITLE	VP	M DELETE	3.1 TITLE		. 1 22		7		Change	Addition
NAME	MURPHY, TERRY	,	3.2 NAME		GU	ERRE	ROTEM	1610		
STREET ADDRESS	6015 E RUSH CREEK		3.3 STREE	TADDRESS	ししい	CENE.	WAT			
CITY-ST-ZIP	INERNES FL 34453		3.4. CITY-5	ST-ZIP	AP	OPKA	FL.	3270	<u>3.</u>	
TITLE	VP	DELETE	4:1 TITLE				7		☐ Change	Addition ,
NAME	ROJAS, ISHMAEL		4. 2 NAME							
STREET ADDRESS	3221 E THOMAS ST		43 STREE	TADDRESS						
CITY-ST-ZIP	INVERNESS FL 34453		4.4 CITY-S	T-ZIP						
TITLE	VP	₩ DELETE	51 TITLE						☐ Change	☐ Addition]
NAME**	HOLLOWYA,:JOHN		5.2 NAME				•			274 " A fr.
STREET ADDRESS	4025 S INVENHOE TR		5.3 STREE	TADDRESS					-, -	
CITY-ST-ZIP	INVERNESS FL 34453		5.4 CITY-S	T-ZIP	<u></u>					
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME			6.2 NAME							j
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY-ST-ZIP			6.4 CITY-S	IT-ZIP						

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: 1

4-30 Date