FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000077793 (4)

1. Corporation Name

PREMIER TILE ROOFING OF CENTRAL FLORIDA, INC.

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

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number — ✓ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SUGGS, DANNY
2096 FOREST DRIVE
INVERNESS FL 34453

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Danny Suggs — DATE: 8/1/96

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SUGGS, DANNY	
STREET ADDRESS	2096 FOREST DRIVE	
CITY - ST - ZIP	INVERNESS FL 34453	
TITLE	STD	☐ DELETE
NAME	SUGGS, GARY D	
STREET ADDRESS	8712 E. CRESCO LANE	
CITY - ST - ZIP	INVERNESS FL 34452	
TITLE	VD	☐ DELETE
NAME	LOPEZ, ALLAN J	
STREET ADDRESS	3507 ARLINGTON AVENUE	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	VD	☐ DELETE
NAME	GOMEZ, MARCO T	
STREET ADDRESS	3507 ARLINGTON AVENUE	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	VD	☐ DELETE
NAME	GOMEZ, MARCELINO	
STREET ADDRESS	3507 ARLINGTON AVENUE	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
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		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	600001931386	Change ☐ Addition
6.2 NAME	-08/23/96--01096--001	
6.3 STREET ADDRESS	***1785.00	
6.4 CITY - ST - ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: Danny Suggs — 8/1/96 — 352-637-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #