FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

	MENT # P950 (00081574 (2)				
1. Corporation Name STATEWIDE ROOF COATING, INC.							
Principal Place of Business Mailing Address			3				01 11001 01110 PAOT 0101 1008
15907 COUNTRY LANE SPRING HILL FL 34610		15907 COUNTRY LAME SPRING HILL FL 34610					
					3. Date Incorporated or Qualified 10/20/1995	3a. Date of	f Last Report
2. Principal Pla	ce of Business	2a, Mailing Address		4. FEI Number		Applied For	
21 Suita Ant 4	Loto	Suite, Apt. #, etc.		59-334469	·	Not Applicable	
Suite, Apt. #	r, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip 29	30 Coun	try	8. This corporation has liability for Florida Statutes Yes	intangible tax u No	under s. 199.032,
	g. Name and Address of Curren		12-1		10. Name and Address of New F		ent
8							
	, JOHN C ESQUIRE		Ε	32 Street Addr	eet Address (P.O. Box Number is Not Acceptable)		
SUNNE & LOCKE, P.A. 1151 N.E. CLEVELAND STREET				33			
CLEARWATER FL 34615							
			8	Gity		FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	e-named corpor	ration submits this statement for the pur rd of directors. I hereby accept the app		jing its registered office
familiar with	n, and account the colligations of Speci	on 1.7 0505 Iorida Statutes		прогваот в рада	_		
SIGNATURE _	Signature you or printed name of registered agent	a fills if applicable. (NO	IE: BeoistererLA	gent signaturu require	cl when minstating	29,19	96
12.	OFFICERS AND		13.	5	ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTORS IN 12
TITLE	PT	DELETE	1 1 TITO	.E			Change Addition
NAME	GRABILL, JAMES E	,	1.2 NAM	1E			
STREET ADDRESS	15907 COUNTRY LANE		13 STR	EET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34610 V	FT OF FIG	14 CHY-ST-ZIP				FT 1100
TITLE NAME	THOMPSON, RAYMOND	☐ DELETE	2 1 TITLE 22 NAME			LI	Change
STREET ADDRESS	15907 COUNTRY LANE						
CITY-ST-Z.P	SPRING HILL FL 34610		2 3 STREET ADDRESS 2 4 CITY - ST - ZIP				
TITLE	\$	DELFTE	3 1 TITLE				Change Addition
NAME	ADCOCK, JAMES		3.2 NAME		·		· —
STREET ADDRESS	15907 COUNTRY LANE		3.3. STREET ADDRESS				
CITY-ST-ZIP	SPRING HILL FL 34610		3.4 CH Y	-ST-ZIP			
TITLE		DEFELE	4 1 TITLE				Change Addition
NAME			4.2 NAM				
STREET ADDRESS			4.3 STREET ADDRESS				
CHTY-ST-ZIP THTLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE				Change
NAME		F3 55561	5.2 NAME			u	Change
STREET ADDRESS				EET ADDRESS			
CITY-ST-Z-P			5.4 CITY-ST-ZIP				
TITLE		☐ DELFTE	6 1 TITLE				Change Addition
NAME			6.2 NAM	1E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZP	- 12 A 14 A			- ST-ZIP			
certify that	y cerury that the information supplied t the information indicated on this annu	with this filing is voluntarily furn ial report or supplemental and	isned and di ual report is	oes not qualify f frue and accura	for the exemption stated in Section 119 are the and that my signature shall have the	.U7(3)(k), Florid same legal eff	a Statutes. I further lect 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: January

TAMES E. GRAbill 4-29-96 813-733-1665
GINING OFFICER OR DIRECTOR