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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000087650 (4)

THOMAS ROOFING, INC.

SIGNATURE:

Principal Place of Business Mailing Address					Į	1 10 110 110 10 10 10 10 10 10 10 10 10		iria Baia iMBI
2784 E. LAKE RD. KISSIMMEE FL 34744  KISSIMMEE FL 34744-8312								
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address			SS			4. FEI Number		Applied For
21	**************************************	26				59-3342405	<del></del>	Not Applicable
Suite, Apt	#, etc	27				5. Certificate of Status Desired Fee Required		
City & State	) 	City & State				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country Zip Cou		Counti	У	8. This corporation has liability for intangible tax under s. 199.032		rs. 199.032,	
24	25 29 30			Florida Statutes Yes No				
ļ	9. Name and Address of Curr	ent Registered Agent	8	T		10. Name and Address of New Reg	platered Agent	
	MAS, GEORGE R		•	Nam	e			
	E. LAKE RD.		6;	Stree	t Addres:	s (P.O. Box Number is Not Acceptable	le)	
Niss	RIMMEE FL 34744		8:					
<u> </u>			84	City			E 85 Zi	p Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the abor	/e-name	ed corpora	ation submits this statement for the pr 's board of directors. I hereby accep	urpose of changing	its registered
agent I ar	m familiar with and accept the obl	igations of Section 607.0	505, Florida Statute	s.	Si por Bilos	To board of directors. Thereby accept	сто аррожилотся	us registered
SIGNATURE	Signature: typed or printed harve of registered (							
12.		agent and tire if applicable  ND DIRECTORS	INOTE: Registered A	ent signal	ure required t	when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12
TITLE	D	DELI			<del></del>	ADDITIONS OF ANGLE TO CITIE	☐ Chang	
NAME	THOMAS, GEORGE R		1,2 NAME		1			
STREET ADDRESS	2784 E. LAKE RD.			T ADORES	,			
CITY - ST - ZIP	KISSIMMEE FL 34744		14 CITY-		Ĭ			
TITLE	D	DEL		O1 EN	<del></del>		Chang	e
NAME	HOUGHTON, JOHN C	_	2.2 NAME			•		
STREET ADDRESS	2784 E. LAKE RD.		2.3 STRE	T AODRES	s			
C:TY - ST - ZIP	VICCIMATE EL 24744			ST-ZIP	1			
TITLE		DEL		<del>-</del>			☐ Chang	e Addition
NAMÉ			3.2 NAME					ļ
STREET ADDRESS			3.3 STREE	T ADDRES	s			
CHTY - ST - ZIP		_	3 4. CITY	ST-ZIP				
TITLE		DEL	ETE 4.1 TITLE				Chang	e Addition
NAME			4. 2 NAM	Ē				
STREET ADDRESS			4.3 STRE	T ADDRES	s			
CITY - ST - ZIP			4.4 CITY	ST-ZIP				
THILE		DELI	ETE 51 TITLE				Chang	e 🔲 Addition
NAME			52 NAMI					
STREET ADDRESS			53 STRE	T ADDRES	s			
CITY ST-ZiP			5.4 CITY	ST-ZIP				
TITLE		☐ DEL	ETE 6.1 TITLE				☐ Chang	e 🔲 Addition
NAME			6 2 NAME					
STREET ADDRESS			6.3 STRE	T ADDRES	s			
CITY ST-ZIP			6.4 CiTY	ST-7/P				

14. I do 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 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.