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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000044668 (7)

1. Corporation Name

TROPICAL ROOFING AND SERVICES, INC.



Principal Place of Business

6025 WEST SAMPLE ROAD STE 217  
CORAL SPRINGS FL 33067

Mailing Address

6025 WEST SAMPLE ROAD STE 217  
CORAL SPRINGS FL 33067

7667 West Sample Rd Ste 217  
Coral Springs, FL 33065

3. Date Incorporated or Qualified  
05/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number

65-0667316

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGEN, MAX M ESQ.  
3990 SHERIDAN STREET STE 104  
HOLLYWOOD FL 33021

81 Name

Joseph Ravosa

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

7667 West Sample Rd 217

83 City

Coral Springs FL 33065 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

Signature of person or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

Joseph R Ravosa 3-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME FEINBERG, STEVEN  
STREET ADDRESS 6265 WEST SAMPLE ROAD STE 217  
CITY-ST-ZIP CORAL SPRINGS FL 33067

1.1 TITLE P, S, T, D  
1.2 NAME Joseph Ravosa  
1.3 STREET ADDRESS 7667 West Sample Rd 217  
1.4 CITY-ST-ZIP Coral Springs, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE Vice President  
2.2 NAME Christopher J. Ravosa  
2.3 STREET ADDRESS 7667 W. Sample Rd. #217  
2.4 CITY-ST-ZIP Coral Springs, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

RECTOR

Joseph R Ravosa

4/12/97 954-783-9400

Date

Daytime Phone

CR2E034 (9/96)