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

PROFIT
CORPORATION ;
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF ATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070708 (8)

PROFESSIONAL ROOFING OF S.W. FLA., INC.

FILED

97 JUN 26 AM 7:22

SECHETARY OF STATE TALLAHASSIE, FLORIDA



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Principal Place of Business Mailing Address										
1902 SE 13TH CAPE CORAL F	1902 SE 13TH STREET CAPE CORAL FL 33990									
,						3. Date Incorporated or Qualified 08/26/1996	3a. Da	ite of Last	Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FE! Number	J	Α	Applied For	
21		26	26			65-0698063	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees					
Zip	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	istered .	Agent		
PLA?	aĥer, Joseph J		1	61	Name					
	SE 13TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
	E CORAL FL 33990				OF COL ACIO	indas (i .e. cox raumoer is not Acceptab				
				83	<u> </u>					
•				84	City		FL	<b>85</b> Zip	Code	
11. Púrsuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itutes, the ab	ουξ	named con	poration submits this statement for the p		changing	its registered	
office or r agent. La	egistered agent, or both, in the Stat im <b>fam</b> iliar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	as authorized Florida Stati	d by utes	the corpora 3.	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment a	s registered	
SIGNATURE										
12.	Signature typed or printed name of registered at	yent and title if applicable. (F ND DIRECTORS	NOTE Registered	1 Age	ril signature requ	ord when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE EDS AND	DIRECTO	VDC IVI 13	
TITLE	PSTD	DELETE	1.1 101	. E		ADDITIONS/CHANGES TO OFFIC	ENS AINL		Addition	
NAME	PLACHER, JOSEPH J	beect	1.1 U			5000022	27			
	1902 SE 13TH STREET		i		1000000	-07/01/9	17n	1054	-006	
STREET ADDRESS	CAPE CORAL FL 33990				ADDRESS	****165	ິດດິ	****1	65.00	
CITY-ST-ZIP	CALE COLATE 33880	DELETE	1.4 C(		1- ZIP			Change		
TITLE		DECEME	2.1 707					L_1 Unanys	Addition	
NAME			2.2 NA		- }					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	2. 4 Ci		J-ZIP			Chance	I Addition	
TITLE		☐ DELETE	31111					Change	Addition	
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-\$1-ZIP		DELEVE	3.4. CI		<u> 1 - ZIP</u>		<del></del>	110	4.4490	
TITLE		☐ DELETE	4.1 111			$\sim$ 4 T	^	Change	☐ Addition	
NAME			4. 2 N			(11/6	MI			
STREET ADDRESS			4 3 51	REET	ADDRESS	( ) 0 0	-(			
CITY-ST-ZIP			4400		1-7IP	1060				
TITLE	]	☐ DELETE	511)	ll F	ļ	0 '		☐ Change	Addition	
NAME			5.2 NA	ME	1					
STREET ADDRESS			5.3 ST	REFT	ADDRES\$					
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP					
TITLE		DELETE	6.1 TIT	ILE				Change	Addition	
NAME			6.2 NA	ME	1					
STREET ADDRESS			6.3 ST	REE 1	ADDRESS					
CITY-ST-7IP			64.00	TV-S	T-71P	•				

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 eath; 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.

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