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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074565 (8)

R&J ROOFING OF CENTRAL FLORIDA, INC.				
Principal Place of Business	Mailing Address			
880 N.W. 1ST AVE.	880 N.W. 1ST AVE.			
BOCA RATON FL 83432	BOCA RATON FL 33432-28	04		
			• Data Incompared or O. eliford	5- Doto of Last Consut
			3. Date Incorporated or Qualified : 09/09/1996	3a. Date of Last Report
2, Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0691190	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution L	Added to Fees
24 25	h	30	8. This corporation has liability for inta Florida Statutes ☐ Y	ingible tax under s. 199.032, /es
g, Name and Address of Curre			10. Name and Address of New Regis	
LAMB, JOSEPH K SR.		81 Name		
880 N.W. 1ST AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432			,	
		83		
_		84 City		85 Zip Code
41 Pursuant to the provisions of Sections 607 050	02 and 607 1508. Florida Statute	es the above-named coro	poration submits this statement for the pure	FL 20 20 Changing its registered
11. Pursuant to the provisions of Sections 607.050 office or registered agont, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was a	uthorized by the corporat	ion's board of directors. I hereby accept the	ne appointment as registered
•	jations of, Section 607.0303, Flo	nua statujes.		
SIGNATURE Signature, typed or printed name of registered ag	ent and tille if applicable. (NOTE	: Registered Agent signature requir	ed whon roinstaling)	DATE
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
President Directo	DELETE	1.1301.6		☐ Change ☐ Addition
NAME STORES STORED 15+ AV	γ, 311 -	1.2 NAME		
	7 33432	13 STREET ADDRESS		
		1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME EXCEPTION PROSIDENT DICE	CI U	2.2 NAME		C crange C vacuion
STREET ADDRESS TOO NW 751 AVE	۱ ۱ الر ۱	2.3 STREET ADDRESS		
	- 33437	2.4 CITY-S1-ZIP		
TITLE	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		·
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - \$1 - ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	1-1 parter	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CRY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	L_ oction	6.1 TITLE 6.2 NAME		r onange ri ∧udition
NAME STREET ADDRESS		6.3 STREET ADDRESS		
SHIEL ADDIESS		Old STILLET ADDRESS		

14. I do hereby certify that the information supplied with this filling 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 compiration 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.

FILED

Jun 19 1997 8:00am

Secretary of State