## \* 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 # P96000079370 (8)

QUALITY ROOFING OF FLORIDA, INC. Principal Place of Business Mailing Address 530 LIMONA ROAD 530 LIMONA ROAD **BRANDON FL 33510 BRANDON FL 33510-2827** 3. Date incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business FEI Number 2a. Mailing Address **Applied For** 6601 N. 50 th 80 BOX 11418 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Tille Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Tampor Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, USA Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARRISON, JOHN ROBERT barison 530 LIMONA ROAD 82 Street Address (P.O., Box Number is Not Acceptable) **BRANDON FL 33510** mona 83 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 in hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506. Florida Statutes. John 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ď DELETE Change TITLE 1.1 TITLE Addition GARRISON, JOHN ROBERT NAME 1.2 NAME 530 LIMONA ROAD STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITEF Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME **6.2 NAME** 

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 fire 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.

STREET ADDRESS

CITY - ST- ZIP

John R. Conison

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Feb 18 1997 8:00am

Secretary of State