

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P96000083010 (4)

1. Corporation Name
BURCHFIELD ROOFING, INC.



Principal Place of Business
4211 US #1 SOUTH, #142
ST AUGUSTINE FL 32086

Mailing Address
4211 US #1 SOUTH, #142
ST AUGUSTINE FL 32086-7096

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country
25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

SCHAFFER, CLARK
2225 STATE RD 3
ST AUGUSTINE FL 32086

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

4. FEI Number

59-3410747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Damian J. Bavuso CPA

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

24 Cathedral Pl. Suite 308

83

84 City

ST. Augustine

FL

85 Zip Code

32084

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 who is the registered agent or the officer or director who is authorized to sign this statement.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

1. ☐ DELETE
NAME: BURCHFIELD, JOSEPH G
STREET ADDRESS: 62 PHOENETIA DR
CITY, ST, ZIP: ST AUGUSTINE FL 32086
2. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
3. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
4. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
5. ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
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 is based on the 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 or on an attachment with an address.

SIGNATURE:

Joseph G. Burchfield

1-16-97 (904) 797-3226

CR2E034 (9/96)