

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #

1. Corporation Name

St. James Roofing Inc.

P960000092442

Principal Place of Business

Mailing Address

8233 GATOR LANE #12
WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 7, 1996

4. FEI Number

65-0725445

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. ABOVE

26. ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

24. Zip

25. Country

28. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES B NOWELL
8233 GATOR LANE #12
WEST PALM BEACH, FLORIDA 33411

81. Name

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

83.

84. City

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 typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: James B. Nowell
STREET ADDRESS: 8233 Gator Lane #12
CITY - ST - ZIP: West Palm Beach, FL 33411

TITLE: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. STREET ADDRESS ☐ Change ☐ Addition

14. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY - ST - ZIP ☐ Change ☐ Addition

31. TITLE ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS ☐ Change ☐ Addition

34. CITY - ST - ZIP ☐ Change ☐ Addition

41. TITLE ☐ Change ☐ Addition

42. NAME ☐ Change ☐ Addition

43. STREET ADDRESS ☐ Change ☐ Addition

44. CITY - ST - ZIP ☐ Change ☐ Addition

51. TITLE ☐ Change ☐ Addition

52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS ☐ Change ☐ Addition

54. CITY - ST - ZIP ☐ Change ☐ Addition

61. TITLE ☐ Change ☐ Addition

62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS ☐ Change ☐ Addition

64. CITY - ST - ZIP ☐ Change ☐ Addition

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-03/31/98--01021--022
***150.00

14. I 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 and changed, or on an attachment with an address

SIGNATURE: James B Nowell James B Nowell

3/23/98

(561) 785-4301

CR2E034 (10/97)