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FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

05-10-1999 90023 034 \*\*\*150.00

1. Corporation Name  
ST. JAMES ROOFING, INC.

Principal Place of Business  
8233 GATOR LANE #12  
WEST PALM BEACH FL 33411

Mailing Address  
8233 GATOR LANE #12  
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/07/1996

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  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOWELL, JAMES B
STREET ADDRESS	8233 GATOR LANE #12
CITY-ST-ZIP	WEST PALM BEACH FL 33411

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
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FILE	FILE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE

NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE

NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE
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NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP

TITLE		<input type="checkbox"/> DELETE
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NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or in an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (11/98)