

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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000035732 (1)**

1. Corporation Name
JON MYERS ROOFING, INC.



Principal Place of Business 300 SOUTH MADIAON AVENUE UNIT 10 CLEARWATER FL 34616	Mailing Address 300 SOUTH MADIAON AVENUE UNIT 10 CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1112 Eldridge St Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip Country 24 33755 25 USA	2a. Mailing Address 26 1112 Eldridge Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip Country 29 33755 30 USA
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3. Date Incorporated or Qualified 04/22/1997	4. FEI Number 59-3440840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MYERS, JON D	
STREET ADDRESS	300 SOUTH MADIAON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSE, DONALD A JR.	
STREET ADDRESS	300 SOUTH MADIAON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MYERS, SUSAN E	
STREET ADDRESS	300 SOUTH MADIAON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MYERS, JON D	
1.3 STREET ADDRESS	1112 Eldridge Street	
1.4 CITY-ST-ZIP	Clearwater, FL 33755	
2.1 TITLE	✓ ROSE, DONALD A JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1112 Eldridge Street	
2.3 STREET ADDRESS	Clearwater, FL 33755	
2.4 CITY-ST-ZIP	33755	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MYERS, SUSAN E	
3.3 STREET ADDRESS	1112 Eldridge St	
3.4 CITY-ST-ZIP	Clearwater, FL 33755	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 if changed, or on an attachment with an address.

SIGNATURE  3/25/1998 61371114-2764

CR2E034 (10/97)