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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

J	<del></del>			<b>_</b>	
DOCU 1. Corporation	MENT # P97000	0038894 (6)			
J. FD I	MAY ROOFING, INC.				
				I ARRAIDEN HIR IRKAN IRRIN ROMA ROMA RAMA RAMA RAMA	BI KAKA KANTI ATAN TARA
Principal Plac	ce of Business	Mailing Address		T TODATORE THE TOTAL REAL BRITIS OBJES DOTAL BRISD JUSTIN SOLI	DI OBOLD IDIKI BIBI IDDI
3602 24TH S	TREET, SE	3602 24TH STREET, SE			
RUSKIN FL 3		RUSKIN FL 33570		DO NOT WRITE IN THIS SPA	CF.
				3. Date Incorporated or Qualified	
				J *	Ì
2. Principal F	Place of Business	2a. Mailing Address		05/01/1997 4. FEI Number	Applied For
21		26		59-3447053	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the current	
24	25		30	Personal Property Tax due June 30.	
	g. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Age	<u>'nt</u>
	WELL, JOHNNY		Ville		
3602 24TH STREET, SE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
RUSKIN FL 33570			B3		
			84 City	FL <sup>8</sup>	5 Zip Code
44 Dureuant	to the province of Sections 607.0503	and 607 1609. Elorida Statuto	ne the above named corr		anging its registered
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the cornoral	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	ment as registered
agentita			alde Out to		
	an laminar with, and accopt the conga	tions of, Section 607.0505, Flo	rida Statutes.	,	
SIGNATURE		itions of, Section 607.0505, Flo	rida Statutes.  Registered Agent signature requi		
SIGNATURE	Signature, typod or printed name of registered ager OFFICERS AND	it and title if applicable. (NOTE	orida Statutes.		
	Signature, typiod or printed name of registered ager	it and title if applicable. (NOTE	rioa Statutes. : Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIF	
12.	Signature, typed or printed name of registered ager OFFICERS AND	itions of, Section 607,0505, Flori it and title if applicable. (NOTE DIRECTORS	rida Statutes.  Registered Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12
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14. Thereby 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:

3-16-98

**FILED** 

Mar 20 1998 8:00am

Secretary of State