

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

FILED
Jun 18 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 # **P97000044890 (6)**
1. Corporation Name

SUTTER ROOFING CO. OF SOUTHWEST FLORIDA



Principal Place of Business 1763 APEX ROAD SARASOTA FL 34240	Mailing Address 1763 APEX ROAD SARASOTA FL 34240
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2945 Walpear St. Suite, Apt. #, etc. 22 City & State 23 Ft. Myers, Fl. Zip Country 24 333916 25 Lee		2a. Mailing Address 26 1763 Apex Rd. Suite, Apt. #, etc. 27 City & State 28 Sarasota, Fl. Zip Country 29 34240 30 Sarasota		3. Date Incorporated or Qualified 05/15/1997	
		4. FEI Number 65-0755128		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

**SUTTER, STEPHEN F
1763 APEX ROAD
SARASOTA FL 34240**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen F. Sutter	1.2 NAME	
STREET ADDRESS	609 Albee Rd. Nokomis, Fl.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl. <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Douglas C. Sutter	2.2 NAME	
STREET ADDRESS	1856 Baywood Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl. <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Bradley W. Sutter	3.2 NAME	
STREET ADDRESS	2047 Datura St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl. <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

[Signature]

[Signature]
441-
377-1000

CR2E034 (10/97)