

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

FILED  
Jul 08 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 # P97000049377 (9)

1. Corporation Name

KEN TOUSEY ROOFING INC.

Principal Place of Business

P.O. BOX 382  
CRYSTAL BEACH FL 34681

Mailing Address

P.O. BOX 382  
CRYSTAL BEACH FL 34681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

59 3448423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

9. Name and Address of Current Registered Agent

TOUSEY, KENNETH L  
190 N. MAYO ST.  
CRYSTAL BEACH FL 34681

10. Name and Address of New Registered Agent

81. Name

TOUSEY, KENNETH L

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

203 ANCILOTE RD SAME

83.

84. City

TARPON SPRINGS FL

85. Zip Code

34689

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

Kenneth L Tousey

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-98

12. OFFICERS AND DIRECTORS	
TITLE	0 <input type="checkbox"/> DELETE
NAME	TOUSEY, KENNETH L
STREET ADDRESS	P.O. BOX 382
CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	KENNETH L TOUSEY
STREET ADDRESS	203 ANCILOTE RD
CITY-ST-ZIP	TARPON SPRINGS FL 34681
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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\*\*\*163.75

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

Kenneth L Tousey

6-12-98 9426373

CR2E034 (10/97)