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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072010 (6)

JIM WRYE ROOFING, INC.

Principal Place of Business **4212 CROSSEN DRIVE** 

## **FILED** Jan 21 1998 8:00am Secretary of State



Mailing Address 4212 CROSSEN DRIVE ORLANDO FL 32822 ORLANDO FL 32822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3481469 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{k}$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζŧρ Country Country 8. This corporation owes or has paid the current year Intangible X No ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WRYE, JAN WAYNE **4212 CROSSEN DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Change DELETE 1.1 TITLE \_\_ Addition TITLE President NAME WRYE, JAN WAYNE 1.2 NAME CR2E034 Wrye, Jan Wayne . **4212 CROSSEN DRIVE** STREET ADORESS 1.3 STREET ADDRESS 4112 Crossen Drive Orlando, FL 32822 ORLANDO FL 32822 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE X Addition Change TITLE 2.1 TITLE Vice President NAME 2.2 NAME Wrye, Irene STREET ADDRESS 2.3 STREET ADDRESS 4112 Crossen Drive CITY-ST-ZIP 2. 4 CITY-ST-ZIP Orlando, FL 32822 DELETE ☐ Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4,4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: Jan Wayne Wrye J. Presid <u>January 5,</u>