PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P98000085507

1. Corporation Name

SPRING HILL CONSTRUCTION AND ROOFING, INC.

Principal Place	of Business
13390 CORTEZ	BOULEVARD

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90013 016 ***150.00



13390 CORTEZ		13390 CORTEZ BO BROOKSVILLE FL										
BROOKSVILLE F	FL 34613	PHOOKSVILLE FL	J4013					DO NOT WR	ITE IN TI	HIS SPACE		
								ated or Qualifed				
							6/199	8				
2. Principal Pla	ace of Business	2a. Mailing Addre	ess			4. FEI N	umber	536207		— ———	Applied For	
21		26				>	9-3	3382			Not Applicable	
Suite, Apt. 1	#, etc.	— — · · · ·	Suite, Apt. #, etc.			5. Certifo	cate of S	Status Desired		+	Additional Required	
City & State	3	City & State				6. Election	on Cam	paign Financing		\$5.0	0 May Be	
23		28						ontribution			d to Fees	
Zip	Country Zip Cour					8. This corporation owes the current year Intangible						
24	25	29	30			Personal Property Tax. Yes No						
	9. Name and Address of Curre	ent Registered Agent				10. Name	and A	ddress of New	Register	ed Agent		
ı				81	Name						Ì	
	D, ALAN				Land of the state							
1339	O CORTEZ BOULEVARD			82	82 Street Address (P.O. Box Number is Not Acceptable)							
BRO	OKSVILLE FL 34613	•		83								
•				84	City				F	FL 85 Zi	p Code	
44 Dimensional	to the provisions of Sections 607.05	502 and 607 1508 Florid	la Statutes the s	hove	-named c	ornoration subm	its this	statement for the			its registered	
office or re	egistered agent or hoth in the Stat	e of Florida. Such chang	se was authorize	יעם נכ	the corpor	ration's board of	directo	s. I hereby acce	pt the ap	pointment as	registered	
agent. I ar	n familiar with, and accept the oblig	gations of, Section 607.0	505, Florida Stat	utes.	•							
SIGNATURE												
	Signature, typed or printed name of registered a			Agen	it signature rec	quired when reinstating		HANGES TO OF	DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TODS IN 12	
12.	OFFICERS A	AND DIRECTORS	13.					HANGES TO U	-FICERS	Chang		
TITLE		☐ DE				Alan Fil				Cloud	~ 3	
NAME			1.2 N			HIAN FIE	ة ا ح مملك	2 Blvd , FL 341				
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CITY-ST-ZIP				TY-S								
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NAME			5.2 N								_	
					ADDRESS							
STREET ADDRESS				TY-S							J	
CITY-ST-ZIP		□ DE			1-21					Chanc	ie Addition	
TITLE		☐ DE	6.2 N								,- <u> </u>	
NAME												
STREET ADDRESS					TADORE\$S							
CITY-ST-ZIP	_		6.4 C	TY-S	T-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, with all other like empowered.

SIGNATURE:

Daytime Phone #