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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

S30321

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GEUH	GE HUSSELL KUOFING, IN	I C.						
Principal Place of Business		Mailing Address		T HOREIDIO HOR INNI ODIO A TILIO NOCE HIDI	HER BURN DISH OF	(U)		
8901 COUNT LITHIA FL 33	TY LINE ROAD 3547	8901 COUNTY LINE R LITHIA FL 33547	OAD					
						·	ate of Last Rep 02/01/1995	
	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-3047331		ot Applicable
Suite, Apt. 22		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	Additional equired
Oity & Stat 23	le	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zψ	Country	Zip	Countr	У		8. This corporation has liability for Intangible	tax under s 1	99.032,
24	25 9. Name and Address of Curre	29 29 Agent	[30]			Florida Statutes Yes No. 10. Name and Address of New Registers	od Agant	
	5, Italie più Audiess di Culto	an negistered Agent	81	il Na	 enie	to. Name and Address of New Registers	o Agent	
NYMAR	K ANNE M			<u> </u>		(D.O. Day Mushania May Assaultin)		
Nymark, anne m. 1216 Oakfield Drive			82	1	Street Address (P.O. Box Number is Not Acceptable)			
BRAND	ON FL 33511-4997		83	<u> </u>				
			84	l Ci	ty	F	85 Zip	Code
or registe	to the provisions of Sections 607.05C ored agent, or both, in the State of Flo with, and accept the obligations of, Sec Lawy Russell Sputter, typed as a the name of registered agents.	rida. Such change was authori: clion 607.0505, Florida Statute:	zed by the con s.	porati	ion's board	tion submits this statement for the purpose of of directors. I hereby accept the appointment	as registered a	gistered office agent. I am
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 12
TIFLE	PVD	☐ DELETE	1. 1 TITLE				☐ Change	Addition
NAME	RUSSELL, GEORGE L.		1.2 NAME					
STREET ADDRESS			1.3 STREE					
CITY-ST-ZIP TILLE	LITHIA FL	☐ DELETE	1.4 CITY -		· · · · · · · · · · · · · · · · · · ·		Change .	Addition
NAME	STD RUSSELL, THOMAS E.	□ bear	2 1 TITLE 2.2 NAME				☐ Change	■ Addition
STREET ADDRESS			2.2 NAME		RESS			
CITY-ST-ZIP	LITHIA FL		2.4 CITY-					
TPLE		☐ DELETE	3. 1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ACCURESS			3 3 STRE	et add	RESS			
CITY - ST-ZIP			3.4 C(TY-		·			
THEF		DELETE	4. 1 TITLE				☐ Change	☐ Addition
NAME CTRILL ADODGES			4.2 NAME					
STREET ADDRESS CITY-ST-ZIP			4 3 STREE		1			
TITLE		☐ DELETE	4.4 CITY- 5 1 TITLE		·		Change	Addition
NAME			5 2 NAME				L	
STREET ADDRESS			5 3 STREE		RESS			
CITY-ST-ZIP			5.4 CHTY-					
lilt		☐ DELETE	6. 1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADORESS			63STREE	I ADD	RESS			
CHY-SI-ZIF	A continue to the second of th	Condition to the Condition of the Condit	64 CITY-				<u> </u>	
certify that oatn; tha	at the information indicated on this an	nual report or supplemental and poration or the receiver or truste	nual report is ti se empowered	rue ar	nd accurate	the exemption stated in Section 119.07(3)(k), and that my signature shall have the same le report as required by Chapter 607, Florida Sta	oal effect as if r	made under

SIGNATURE: SLOVE RUSSELL 1-17-96 (813-797-3329)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY