

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S33680** (7)

1. Corporation Name
TIMOTHY GRANT ROOFING AND CLEANING, INC.

Principal Place of Business 2620 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33818	Mailing Address 2620 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33818
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2. Principal Place of Business 21 1044 N.E. Pine Island Rd Suite, Apt. #, etc. 22 #5 City & State 23 CAPE CORAL FLA Zip 24 33909		2a. Mailing Address 26 P.O. Box 4053 Suite, Apt. #, etc. 27 City & State 28 N. Ft. MYERS FLA Zip 29 33918		3. Date Incorporated or Qualified 02/25/1991		3a. Date of Last Report 11/12/1996	
25 LEE		30 LEE		4. FEI Number 65-0244097		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WINESETT, ROBERT A 2248 FIRST ST. FT. MYERS FL 33901				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FENOX, ROBERT D			1.2 NAME			
STREET ADDRESS	728 HIGGINS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	N FT MYERS FL 33917			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, ROBERT S			2.2 NAME			
STREET ADDRESS	1701 BROWN ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALVA FL 33920			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEWOX, RICHARD			3.2 NAME			
STREET ADDRESS	8385 EBSON DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH FT. MYERS FL 33917			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: Robert D Fenox 4-7-97 (941) 712-9737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0530212

CR2E034 (9/96)