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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$55965

1. Corporation Name

J. H. WELLS ROOFING COMPANY

Principal Place of Business	Mailing Address
191 CANOVA RD. ORANGE PARK FL 32073	191 CANOVA RD. ORANGE PARK FL 32073

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90076 035 ***150.00



Principal Place of Business Mailing Address							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1811 2121, 120,	
191 CANOVA RD. 191 CANOVA RD.										
ORANGE PARK FL 32073 ORANGE PARK FL 32073						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
 	<u> </u>		·-·			.05/28/1991				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21 26						59-3066560			t Applicable	-
Suite, Apt. #, etc. Suite, Apt. #			. #, etc.			5. Certificate of Status Desired	1	\$8.75		'
27					·			Fee Re	-	
City & State	e	— ·	City & State			6. Election Campaign Financing]	\$5.00	•	
23		28				Trust Fund Contribution		Added t	rees	
Zip Country Zip				untry		This corporation owes the current Personal Property Tax.		ngible ∐Yes	⊠ No	ĺ
24	9. Name and Address of Curre	29	30	Т		10. Name and Address of New Reg				
	9. Name and Address of Curre	BIIL Kegistered Agent	·······	81 1	Name	10.	<u> </u>			
WELL	LS, JESSE H.					/D C. Davidson in Net Assessable			·····	
190 (CANOVA RD.			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	;;			
ORA	NGE PARK FL 32073			83						
								OE Zin i	Code	
				84	City		FL	85 Zip (2008	}
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Star	tutes, the a	above-n	named corpo	oration submits this statement for the pur	rpose of c	hanging its	registered	,
í office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	: autnonzed	a ov m	e corporatio	n's board of directors. I hereby accept th	те арроіл	umeni as re	gistered	
		,,								
CICNATION										
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NC	TE: Registered	d Agent si	ignature required	· · · · · · · · · · · · · · · · · · ·	DATE			8
12	OFFICERS A	AND DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICE				1/98)
12	D OFFICERS A	Jan. 200 100 11 2/	_13.	TTLE	gnature required	· · · · · · · · · · · · · · · · · · ·		D DIRECTO	DRS IN 12	4 (11/98)
12 TITLE	D WELLS, JESSE H.	AND DIRECTORS	1.1 Π 1.1 Π 1.2 N	TTLE VAME		· · · · · · · · · · · · · · · · · · ·				
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12	D WELLS, JESSE H. 191 CANOVA RD. ORANGE PARK FL	ND DIRECTORS DELETE	13. 1.1 Π 1.2 N 1.3 ST 1.4 CI	TITLE LAME STREET AL CITY-ST-Z	DORESS	· · · · · · · · · · · · · · · · · · ·				CR2F034 (11/98)
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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: