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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 S83231

(8)

TOP LINE ROOFING, INC. Principal Place of Business Mailing Address P.O. BOX 150008 1728 TIMOCUAN WAY LONGWOOD FL 32750-3729 **ALTAMONTE SPRINGS FL 32701** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1991 02/08/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3085354 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Country Ζıρ This corporation has liability for intangible tax under s. 199.032, 29 Yes No 24 25 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARTUCCI, MICHAEL A. 1728 TIMOCUAN WAY 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 City 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, typiid 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. Change Addition DELETE 1.1 TITLE THE MARTUCCI, MICHAEL A. 416 S. COUNTRY CLUB RD. 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE MARTUCCI, MICHAEL A. 22 NAME NAME 416 S. COUNTRY CLUB RD. STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL CITY-ST ZIP 2. 4 CITY - ST - 2IP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-2iP CITY - \$1 - 767 DELETE Change Addition 4.1 TITLE Hite 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-St-ZiP DELETE Change Addition 5.1 TITLE 100.0 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS C(1Y - S1 - ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TOTALE 62 NAME NAM: 6.3 STREET ADDRESS STREET ACIDRESS 6.4 CITY-ST-ZIP CITY ST-7IF

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 on the recliner or invite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED