

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99877 (0)

1. Corporation Name

COMMERCIAL ROOFING TECHNOLOGIES, INC.



Principal Place of Business

7910 PROFESSIONAL PLACE
TAMPA FL 33637
US

Mailing Address

P.O. BOX 291187
TAMPA FL 33687
US

3. Date Incorporated or Qualified
12/12/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3096855

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, JEFFREY D.
618 KING HENRY COURT
SEFFNER FL 33584

81. Name

ADDRESS CORRECTION ONLY (Jeffrey D. Willis)

82. Street Address (P.O. Box Number is Not Acceptable)

13740 Dorman

83

84

City

Lithia

FL

85. Zip Code

33547

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVTS
WILLIS, DAVID H.
2760 BUCKHORN OAKS
VALRICO FL

☐ DELETE

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

DVS
Willis, David H.
2760 Buckhorn Oaks
Valrico, FL 33594

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
WILLIS, JEFFREY D.
618 KING HENRY CT.
SEFFNER FL

☐ DELETE

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

DP
Willis, Jeffrey D.
13740 Dorman
Lithia, FL 33547

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

T
Davis, Loyal R.
2609 Bruton Road
Plant City, FL 33565

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey D. Willis, Pres.

5/14/96

(813)989-2356

CR2E034 (12/95)