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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V08748 (8)

1. Corporation Name
THOMAS N. THOMAS ROOFING, INC.

Principal Place of Business
18030 S.W. 100 COURT
MIAMI FL

Mailing Address
18030 S.W. 100 COURT
MIAMI FL 33157-3202



2. Principal Place of Business
21 15601 S.W. 137 AVE.
Suite, Apt. #, etc.
22 # 154
City & State
23 Miami, FL.
Zip
24 33177 Country
25 U.S.A.

2a. Mailing Address
26 15601 S.W. 137 AVE.
Suite, Apt. #, etc.
27 # 154
City & State
28 Miami, FL.
Zip
29 33177 Country
30 U.S.A.

3. Date Incorporated or Qualified
01/22/1992
3a. Date of Last Report
08/06/1996
4. FEI Number
65-0310922
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

THOMAS, MICHAEL
18030 SW 100 COURT
MIAMI FL

10. Name and Address of New Registered Agent

81 Name Thomas, Michael
82 Street Address (P.O. Box Number is Not Acceptable)
15601 S.W. 137 AVE.
83 # 154
84 City Miami, FL 85 Zip Code 33177

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

Sign and type the printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	THOMAS, MICHAEL	
STREET ADDRESS	18030 SW 100TH CT.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	THOMAS, RAYMOND	
STREET ADDRESS	18030 SW 100TH CT.	
CITY- ST- ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Michael Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-97 (205) 253-9936
Date Daytime Phone #

CR2E034 (9/96)