Mailing Address

13713 SW 147TH CIRCLE LANE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V08748

1. Corporation Name

Principal Place of Business

STE #2

13713 SW 147TH CIRCLE LANE

THOMAS N. THOMAS ROOFING, INC.

OIC #2 MIAMI FL 33186	33186 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE		
US	•	US				3. Date Incorporated or Qualifed		
						01/22/1992		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied		
1		26				65-0310922 Not Ap		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Addit Fee Require		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May	Ве	
3		28				Trust Fund Contribution Added to Fe	es	
Zip	Country	Zip	Col	intry		8. This corporation owes the current year Intangible		
<u>.</u> }	25	29	30			Personal Property Tax.	10	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
	MAS, MICHAEL			82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
1371	3 SW 147TH CIRCLE LANE			02	Street Auc			
STE	#2			83				
MIAM	/li FL 33186					log Zin Code		
				84	City	FL 85 Zip Code	<del>)</del>	
ageni. rad i.m. rribri	m familiar with, and accept the oblig							
- :: - ww i i noi	Signature, typed or printed name of registered ag	gent and title if applicable. (NC	OTE: Registered	i Ager	nt signature requi	uired when reinstating) DATE		
. <b>.</b> .	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
- [	D "	☐ DELETE	1.1 T	TLE		Change [	Additio	
	THOMAS, MICHAEL		1.2 N	AME	}			
, LADINI,SS	13713 SW 147TH CIRCLE LAN	NE STE #2	1.3 \$	TREET	TADORESS			
ST-ZIP	MIAMI FL 33186		1.4 C	ITY-S	T-ZIP			
	D	☐ DELETE 2.1 T		TLE		☐ Change	Addition	
	THOMAS, RAYMOND		2.2 N	AME				
SIREET ADDRESS	16030 SW 100TH CT.		2.3 \$	TREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		2.40	:гү- 9	ST-ZIP			
TITLE		☐ DELETE 3:			1	☐ Change ☐	_ Addition	
NAME I			3.2 N	AME				
STREET ADDRESS			3.3 S	TREE	TADDRESS			
CITY-ST-ZIP			34.0	ITY-S	ST-ZIP	•		
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CITY-ST-ZIP			5.4 C	TY-S	T-ZIP			
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NAME I			6.2 N	AME				
STREET ADDRESS			6.3 S	TREE	T ADDRESS			
OFF OF THE			6.4 C	ITY-S	T-ZIP			

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 regaver 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 adactment with an address with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

**FILED** 

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90003 043 \*\*\*150.00