## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # <b>V50340</b> HT ROOFING, INC.	) (1)			
Principal Place of Business Mailing Address					BIBII BIBII BIBII DIDII BIBII BIBII IBBI
5831 114TH TE PINELLAS PAR		5831 114TH TERRACE I PINELLAS PARK FL 337			
				3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 04/18/1996
2. Principal P 21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3132240	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	_ ~
24	25	29	30		Yes No
	<ol><li>Name and Address of Current RIGHT, IRVEN B.</li></ol>	it Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
5831 114TH TERRACE N. PINELLAS PARK FL 34665  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoric			83 City	Address (P.O. Box Number is Not Acceptable Corporation submits this statement for the n	FL 85 Zip Code
office or r agent. I a SIGNATURE	rn familiar with, and accept the obligi	ations of, Section 607.0505,	Florida Statutes.		
12.	Signature, typed or printed name of registered age OFFICERS AN		OTE: Registered Agent signature  13.	e required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
HILF	D	DELETE	1.1 TITLE	1	Change Addition
NAMÍ	ALBRIGHT, IRVEN B.		i 1.2 NAME		
STREET ADDRESS	5831 114TH TERRACE N. PINELLAS PARK FL 34668		1.3 STREET ADDRESS		•
CITY - ST - ZIP THEE	VS	DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE		Change Addition
NAME	ALBRIGHT, PATRICIA F.		2.2 NAME		"
STREET ACORESS	5831 114TH TERRACE N.		2.3 STREET ADDRESS		ĺ
CITY: ST-ZIP	PINELLAS PARK FL 34666		2. 4 CITY - ST - ZIP		
THE		DELETE	3 1 TITLE		Change Addition
NAME			32 NAME	1	{
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - \$1 - 2IP		Charter	3.4 CiTY-ST-ZIP		Charter Tarres
THILE		DELETE	4.1 TITLE		Change
NAME CONCLEADANCE			4. 2 NAME		1
STREET ADORESS			4.3 STREET ADDRESS	]	
CHY-ST-ZIF TITLE		☐ DELETE	4.4 CITY - SY - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - 7IP			5.4 CITY-ST-ZIP		
THE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	1	-
STREET ADORESS			6.3 STREET ADDRESS		

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 change 7, or on an attachment with an address.

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(8/3) 54/ 2949 Daytime Phone

**FILED** 

Apr 08 1997 8:00am

Secretary of State