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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73077

(2)

J.T. NEELY ROOFING, INC.

ING. INC.

**FILED** 

Apr 14 1998 8:00am

Secretary of State

Principal Place of Business

8235 GERSHWIN ST.

ORLANDO FL 32818

The state of the s

Mailing Address 8235 GERSHWIN ST. ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 08/27/1992

21		Za. Minimity Attoress			4. FEI NOMBE	Applied For
		26			59-3145816	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				
<b>–</b> )		├─¬ ´			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25	<del> </del>	30		Personal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
N	EELY, J.T.		81	Name		
8235 GERSHWIN ST.				A	(5.0. S	
ORLANDO FL 32818				82 Street Address (P.O. Box Number is Not Acceptable)		
			84	City	<del></del>	85 Zip Code
			1	City		FL   S   Z   D COOL
					oration submits this statement for the purpo- ion's board of directors. I hereby accept the	
agent. I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes	s.	ons board of directors. Thereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or printed name of trigetered ager			ni signature require	ed when reinstating) DA	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D MEELV 17	□ DETERE	1.1 TITLE	ļ		☐ Clishige ☐ Auditron
NAME	NEELY, J.T.		12 NAME			i
STREET ADDRESS	8235 GERSHWIN ST.		1.3 STREET			
CITY-ST-ZIP	ORLANDO FL	Dougte	1.4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Ob Addition
TITLE	AMERY MICTUR	☐ DELETE	2.1 TITLE	1		Change Addition
NAME	NEELY, MISTY L		2.2 NAME	l		
STREET ADDRESS	8235 GERSHWIN ST		2.3 STREET			
CITY-ST-ZIP	ORLANDO FL	T DECES	2. 4 CITY - S	ST-ZiP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1		l
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		- I priese	3 4. DITY - S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE	<b>\</b>		Change Addition
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET			[
CITY-ST-ZIP		DELETE	4.4 CITY - S	T- ZIP		Change Addition
TITLE			5 1 TITLE			
NAME			5.2 NAME			l
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY-S	T-ZIP		Change Addition
TITLE			6.1 TITLE	1		C Cuange C Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CfTY-ST-ZIP	ì		6.4 CITY - S	T-ZIP		ì

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 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:

In T. Mus/ John T. Weely

4-7-94

407-294-7177