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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K45876

(5)

A-1-A ROOFING & ALUMINUM, INC.

FILED
Mar 06 1997 8:00am
Secretary of State

|--|

	e of Business	Mailing Address					
827 ORANGE AVE. PORT ORANGE FL 32119		3435 SPRING OAK LANE PORT ORANGE FL 32119-3102					
****			1 - 2		Date Incorporated or Qualified     11/11/1988	3a. Date of La 05/01/199	•
2. Prodipal P	face of Business	2a. Mailing Address			4. FEI Number	1 22/01/100	Applied For
1		26			59-2919635	<u></u>	Not Applicab
Suite, Apt.	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Beguired
City & Stat	(-	City & State			6. Election Campaign Financing	\$5.	<b>00</b> May Be
1		28			Trust Fund Contribution		led to Fees
Zφ	Country	Zφ	Country	/	8. This corporation has liability for in	ntangible tax und	er s. 199 032,
	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Reg	Istered Agent	
SHA	re, fred B.		81	Name			
	2 RIDGEWOOD AVE.		82	Street Add	lress (P.O. Box Number is Not Acceptable	е)	
HOL	LY HILL FL 32117						
			83				
			84	City	······································	B5	Zip Code
					poration submits this statement for the pu		
2.	Bignicine 15 e disciprode France of regulario ao OFFICERS AN	ID DIRECTORS	OTE Registered Ag  13.	ent signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIREC	TORS IN 12
`lf	D	☐ DELETE	1.1 TITLE			☐ Char	nge 🔲 Addit
VME							
1 *1	LYNAM, JON		1.2 NAME				
	857 WHIPORWILL DR.			1 ADDRESS	,		
SELLADDRESS Y-57:20			1,3 STREE 1.4 CIYY-1				
VEH ADDRESS Y - S <sup>y</sup> - Zap Le	857 WHIPORWILL DR. PORT ORANGE FL 32127 S	DELETE	1.3 STREE 1.4 CITY-1 2.1 TITLE		,	Char	nge 🔲 Addi
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4. I do hordby certily that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 fusite 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:

MA STINETY JAME OF BIONING OFFICER OR DIRECTOR

3-1-97 761 C

Daytime Phone \*