

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90023 026 \*\*\*150.00

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NON-PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>237228</b> 1. Corporation Name <b>BANDY LIGHTWEIGHT ROOFING &amp; SUPPLY, INCORPORATED</b>



DO NOT WRITE IN THIS SPACE

Principal Place of Business 116 N. SEWALLS PT. RD. STUART 34996	Mailing Address 116 N. SEWALLS PT. RD. STUART FL 34996 US
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2. Principal Place of Business	2a. Mailing Address
21 <u>SAME</u>	26 <u>SAME</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>06/04/1960</b>	Applied For
4. FEI Number <b>59-0882449</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>BESSEMER, E. MAXINE</b> <b>116 N. SEWALLS PT. RD.</b> <b>STUART FL 34996</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 E. Maxine Bessemer DATE 1/2/99  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>BESSEMER, WILLIAM J</b>
CITY-ST-ZIP	<b>116 N. SEWALLS PT. RD.</b>
	<b>STUART FL 34996</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P</b>
STREET ADDRESS	<b>BESSEMER, WILLIAM J</b>
CITY-ST-ZIP	<b>116 N. SEWALLS PT. RD.</b>
	<b>STUART FL 34996</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DT</b>
STREET ADDRESS	<b>KIRKBRIDE, TAMARA A</b>
CITY-ST-ZIP	<b>7270 SILVER OAK</b>
	<b>PT ST LUCIE, FL 00000 34952</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DV</b>
STREET ADDRESS	<b>BESSEMER, W KIM B</b>
CITY-ST-ZIP	<b>1103 TILTON RD</b>
	<b>PORT ST LUCE, FL 00000 34952</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD</b>
STREET ADDRESS	<b>BESSEMER, MAXINE</b>
CITY-ST-ZIP	<b>116 N. SEWALLS PT. RD.</b>
	<b>STUART FL 34952</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>2VP</b>
STREET ADDRESS	<b>KIRKBRIDE, DOUGLAS K</b>
CITY-ST-ZIP	<b>7270 SILVER OAK DRIVE</b>
	<b>PT ST LUCIE FL 34952</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DT</b>
3.3 STREET ADDRESS	<b>KIRKBRIDE TAMARA A</b>
3.4 CITY-ST-ZIP	<b>2614 NEPALM AVE</b>
	<b>JENSEN BEACH, FL 34957</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: E. Maxine Bessemer DATE 1/2/99 561-220-1244  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #)

CR2E034 (11/98)