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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 487795 (7)
1. Corporation Name
STRUCTURAL WATERPROOFING COMPANY OF FLORIDA, INC



Principal Place of Business
300 PARK AVE N
SUITE 201
WINTER PARK FL 32789
US

Mailing Address
PO BOX 140
WINTER PARK FL 32790
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1631257	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes it has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, CARL W
200 S ORANGE AVE
SUITE 2810
ORLANDO FL 32801

81 Name Theodore D. Estes
82 Street Address (P.O. Box Number is Not Acceptable)
28 W. Central Blvd.
83
84 City Orlando FL 85 Zip Code 32803

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

Signature, typed or printed name of registered agent and title if applicable.

Theodore D. Estes

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS, LARRY E	1.2 NAME	
STREET ADDRESS	#4 ISLE OF SICILY	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 00000	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	WILLIAMS, JOY M	2.2 NAME	
STREET ADDRESS	#4 ISLE OF SICILY	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK, FL 00000	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	BILINSKI, MICHAEL E.	3.2 NAME	
STREET ADDRESS	1140 NORTH LAKE SYBELIA	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/98
407-645-2041

CR2E034 (10/97)