

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90121 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000059915**
 1. Corporation Name
ALL BERT FAIRCLOTH HOME IMPROVEMENT AND ROOFING, INC.

Principal Place of Business Mailing Address
 1340 STATE ROAD 40 ORMOND BEACH FL 32174
 1340 STATE ROAD 40 ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **1020 - 6th Street** 26 **1020 - 6th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 City & State **Holly Hill FL** 27 City & State **Holly Hill FL**
 24 Zip **32117** Country **USA** 29 Zip **32117** Country **USA**
 25 **USA** 30 **USA**

3. Date Incorporated or Qualified
08/20/1993
 4. FEI Number **59-3195969** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PELLICER, RUTH A
1340 STATE ROAD 40
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
 81 **Same Name - Ruth A. Pellicer**
 82 **1020 - 6th Street**
 83 **Holly Hill FL**
 84 City **FL** 85 Zip Code **32117**

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 **Ruth A. Pellicer** DATE **4-1-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLICER, RUTH A	1.2 NAME	
STREET ADDRESS	1340 STATE ROAD 40	1.3 STREET ADDRESS	1020 - 6th Street
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	Holly Hill FL 32117
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCLOTH, BERT J. III	2.2 NAME	
STREET ADDRESS	1340 STATE RD 40	2.3 STREET ADDRESS	1020 - 6th Street
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	Holly Hill FL 32117
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **Ruth A. Pellicer** DATE **4-1-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1.1/98)