

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 APR 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000101401

1. Corporation Name
GENERAL ROOFING ACQUISITION CORP.

Principal Place of Business
**951 SOUTH ANDREWS AVENUE
POMPANO BEACH FL 33069**

Mailing Address
**951 SOUTH ANDREWS AVENUE
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
12/02/1997
- 4. FEI Number
65-0800123 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
- 8. This corporation owes the current year Intangible Personal Property Tax Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

30

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City

FL 85 Zip Code

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. Thereby 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 fee if applicable

(NOTE: Registered Agent signature is printed below.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE: **CEPD** [] DELETE
NAME: **CALICK, GREGG**
STREET ADDRESS: **951 S. ANDREWS AVENUE**
CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE: **VFTS** [] DELETE
NAME: **EBY, DALE**
STREET ADDRESS: **951 SOUTH ANDREWS AVENUE**
CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE: **VPHR** [X] DELETE
NAME: **PETTUS, ANGELA**
STREET ADDRESS: **951 SOUTH ANDREWS AVENUE**
CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE: **VPT** [X] DELETE
NAME: **BROOKER, ROBERT**
STREET ADDRESS: **951 SOUTH ANDREWS AVENUE**
CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE: **VPO** [X] DELETE
NAME: **ABBERGER, WILLIAM**
STREET ADDRESS: **951 SOUTH ANDREWS AVENUE**
CITY-ST-ZIP: **POMPANO BEACH FL 33069**

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **B,D** [X] Change [] Addition
NAME: **Wallick, Gregg**

12 NAME: **T,S,D** [X] Change [] Addition

000002853490--7
-04/27/99--01067-013
****300.00 ****150.00

13 STREET ADDRESS:

14 CITY-ST-ZIP:

21 TITLE: [X] Change [] Addition

22 NAME:

23 STREET ADDRESS:

24 CITY-ST-ZIP:

41 TITLE: [] Change [] Addition

42 NAME:

43 STREET ADDRESS:

44 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)(b) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale E. Eby

4/20/99

954/942-3550

0166848

CR2E034 (11/98)

B. 4/22/99 999R