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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **764249** (9)

1. Corporation Name
WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1005 W. BUSCH BLVD (#206E) SUITE 202C TAMPA FL 33612 US		1005 W. BUSCH BLVD (#206E) SUITE 202C TAMPA FL 33612 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc. #206 E eliminated	26 Suite, Apt. #, etc. #206 E eliminated	07/21/1982	05/01/1994
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Country	59-2308716	Not Applicable
24	25	29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PORTER, GEORGE A., JR.
1005 W BUSCH BLVD #202C
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name **Evelyn D. Rogers**
82 Street Address (P.O. Box Number is Not Acceptable)
1000 N. Ashley St, S#630
83
84 City **Tampa** FL 85 Zip Code **33602**

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 Evelyn D. Rogers DATE **4-13-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLOAT, MARK
STREET ADDRESS	8803 INDUSTRIAL DR
CITY - ST - ZIP	TAMPA FL
TITLE	VPD
NAME	MILLER, LARRY
STREET ADDRESS	2919 WEST WATERS
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	GLANDT, GORDON
STREET ADDRESS	851 PLATEAU AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	TD
NAME	COOPER, JACQUIE A
STREET ADDRESS	1401 CLEVELAND
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gordon Glandt	
1.3 STREET ADDRESS	851 Plateau Ave	
1.4 CITY - ST - ZIP	LAKELAND, FL 33806	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas H. Lopez	
2.3 STREET ADDRESS	7213 N. 40th Street	
2.4 CITY - ST - ZIP	Tampa, FL 33604	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Krause	
3.3 STREET ADDRESS	2601 Adamo Drive	
3.4 CITY - ST - ZIP	Tampa, FL 33619	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Evelyn D. Rogers	
4.3 STREET ADDRESS	1000 N. Ashley St., S#630	
4.4 CITY - ST - ZIP	Tampa, FL 33602	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Evelyn D. Rogers DATE **4-13-95** (813) 225-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR