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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764249 (9)
1. Corporation Name
WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC



Principal Place of Business P.O. BOX 172306 TAMPA FL 33672 US	Mailing Address P.O. BOX 172306 TAMPA FL 33672 US
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3. Date Incorporated or Qualified 07/21/1982		
4. FEI Number 59-2308716	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent
**ROGERS, EVELYN D
1000 N ASHLEY ST SUITE 630
TAMPA FL 33602**

10. Name and Address of New Registered Agent
**81 Name Robert BRADY
82 Street Address (P.O. Box Numbers Not Acceptable) 16400 Lake Byrd Drive
83
84 City Tampa FL 85 Zip Code 33618**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Robert Brady* **Robert Brady, Treasurer** x 4-29-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GLANDT, GORDON 851 PLATEAU AVE LAKELAND FL	<input type="checkbox"/> DELETE	1.1 TITLE PD
NAME STREET ADDRESS	851 PLATEAU AVE		1.2 NAME Steve KRUSE
CITY-ST-ZIP 14	LAKELAND FL		1.3 STREET ADDRESS 6601 ADAMO DRIVE
TITLE VPD	GEESEY, ROBERT 8517 SUNSTATE ST. TAMPA FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Tampa, FL 33602
NAME STREET ADDRESS	8517 SUNSTATE ST.		2.1 TITLE VPD
CITY-ST-ZIP 15	TAMPA FL		2.2 NAME Same
TITLE SD	KRUSE, STEVE 6801 ADAMO DR TAMPA FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME STREET ADDRESS	6801 ADAMO DR		2.4 CITY-ST-ZIP
CITY-ST-ZIP 16	TAMPA FL		3.1 TITLE SD
TITLE TD	ROGERS, EVELYN D 1000 N ASHLEY ST SUITE 630 TAMPA FL	<input type="checkbox"/> DELETE	3.2 NAME GORDON Glandt
NAME STREET ADDRESS	1000 N ASHLEY ST SUITE 630		3.3 STREET ADDRESS 851 Plateau Ave
CITY-ST-ZIP 17	TAMPA FL		3.4 CITY-ST-ZIP LAKELAND, FL
TITLE <input type="checkbox"/> DELETE			4.1 TITLE TD
NAME STREET ADDRESS			4.2 NAME Robert BRADY
CITY-ST-ZIP 18			4.3 STREET ADDRESS 16400 LAKE BYRD DRIVE
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP Tampa, FL
NAME STREET ADDRESS			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 19			5.2 NAME
TITLE <input type="checkbox"/> DELETE			5.3 STREET ADDRESS
NAME STREET ADDRESS			5.4 CITY-ST-ZIP
CITY-ST-ZIP 20			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE			6.2 NAME
NAME STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP 21			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Robert Brady* x 4-9-98 813-989-2356
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0050124

CR2E037 (10/97)