

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90011 042 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000015464					
1. Corporation Name GENERAL ROOFING WORKS, INC.					
Principal Place of Business 123 NORTH INDUSTRIAL DRIVE ORANGE CITY FL 32763 US			Mailing Address POST OFFICE BOX 740708 ORANGE CITY FL 32774-0708 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0400602	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		30	
25		29		30	
9. Name and Address of Current Registered Agent CUTRONA, MELINDA E. 123 NORTH INDUSTRIAL DRIVE, SUITE B ORANGE CITY FL 32774			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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: Melinda E. Cutrona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

404-775-6330

Daytime Phone #

CR2E034 (1/98)