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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 18, 1999.

AMOUNT FOR DON OR BEFORE 09/15/90: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 99 DEC -6 PM 3: 09 ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # 764249** 1. Corporation Name WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC Principal Place of Business Malling Address P.O. BOX 172306 TAMPX FL 33672 POBOX 5002 P.O. BOX 172306 PO BOX 500 2 TAMPAGE 33672 Tampa, FL. 33675-5002 US / Tampa, Fl. 33675-2. Principal Place of Business 2a. Mailing Address 3. Date incorporated or Qualifed 07/21/1982 26 21 Suite, Apt. #, etc. 4. FEI Number Suite, Apt. #, etc. Applied For 59-2308716 Not Applicable 22 27 City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required 23 28 Country Zip Country Zip \$5.00 May Be 6. Election Campaign Financing \Box 25 29 30 **Trust Fund Contribution** Added to Fees 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jerry Johns
Street Address (P.O. Box Number is Not Acceptable)
2(e135 Camanche Jerry Johns 26135 Comanche St. BRADY/R 82 16400 LAKEBYRD DR TAMPA PL 33618 Brooksville, FL. 34601 Zip Code 3460 Brooksville 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 opligations of Section 617.0503, Florida Statutes. 1 June SIGNATURE nt and title If acolicat OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE PD KMRUSE, S NAME 1.2 NAME 100003071761--4 -12/15/99--01096--018 6601 ADAMO DR STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP 1.4 CITY-ST-ZIP ****236.25 HANNES - PAddition TITLE **VPD** □ DELETE GEESEY, ROBERT 22 NAME NAME 8517 SUNSTATE ST. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 2.4 CITY-87-ZIP CITY-ST-ZIP Change DELETÉ Addition SD 3.1 TITLE TITLE GLANDT, G 3.2 NAME NAME 351 PLATEAU AVE 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE TD BRADY, R NAME 4.2 NAME 16400 LAKE BYRD DR STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 47 Jerry Johns 20135 Comanche St. 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Brocksville, FL. 34601 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 C/TY-81-792

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, with all other like empowered.

SIGNATURE:

THE AND TYPE OF PRINTED HAVE OF SIGNING OF FICER OR CHRECTOR

Dot 32, 1999 352 7548872