

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 DEC -6 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **764249**

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

Principal Place of Business Mailing Address
 P.O. BOX 172306 P.O. BOX 172306 P.O. BOX 5002
 TAMPA FL 33672 TAMPA FL 33672 TAMPA, FL. 33675-5002
 US US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/21/1982
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-2308716
24	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

BRADY/R
 16400 LAKEBYRD DR
 TAMPA FL 33618

Jerry Johns
 26135 Comanche St.
 Brooksville, FL. 34601

81 Name	Jerry Johns
82 Street Address (P.O. Box Number is Not Acceptable)	26135 Comanche St.
83	
84 City	Brooksville
85 Zip Code	FL 34601

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 Jerry Johns DATE Dec. 1, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KMRUSE, S	1.2 NAME	
STREET ADDRESS	6601 ADAMO DR	1.3 STREET ADDRESS	100003071761--4
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	-12/15/99--01096--018
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	***236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEESEY, ROBERT	2.2 NAME	
STREET ADDRESS	8517 SUNSTATE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANDT, G	3.2 NAME	
STREET ADDRESS	351 PLATEAU AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, R	4.2 NAME	
STREET ADDRESS	16400 LAKE BYRD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Johns	5.2 NAME	
STREET ADDRESS	26135 Comanche St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Brooksville, FL. 34601	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Jerry Johns REQUIRED

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