**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secr∉tary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 318471**

1. Corporation Name

FITZGERALD ROOFING CO., INC.

Apr 25, 1999 8:00 am Secretary of State 04-25-1999 90009 022 \*\*\*450.00

| - 1 1 <b>98186</b> 11181 11 <b>8</b> 8 |  | <b>1918</b> (1 <b>1918</b> )( <b>19</b> 1 | <b>10 10 10 10 10 10 10 10 10 10 10 10 10 1</b> |
|--|--|---|---|

| Data at 15 15 1                          |                                   |                     | Mailing Address               |          |                            |                                 |  |                 |             |            |
|--|-----------------------------------|---------------------|-------------------------------|----------|----------------------------|---------------------------------|--|-----------------|-------------|------------|
| Principal Place                          |                                   | Mailing Address     |                               |          |                            |                                 |  |                 |             |            |
| 2231 LANGLEY AVE.                        |                                   |                     | P O BOX 2204                  |          |                            |                                 |  |                 |             |            |
| P.O. BOX 2204<br>PENSACOLA FL 32504-8148 |                                   |                     | PENSACOLA FL 32504-8148<br>US |          | DO NOT WRITE IN THIS SPACE |                                 |  |                 |             |            |
| TENONOUGH TE                             | . 02004 0140                      | 00                  |                               |          |                            | 3. Date Incorporated or Qualife | :d                                     |                 |             |            |
|  |                                   |                     |                               |          |                            |                                 | 07/06/1967                             |                 |             |            |
| 2. Principal P                           | face of Business                  | 2a. Mailing Address |                               |          |                            | 4. FEI Number                   |  |                 | Applied For |            |
| <del></del>                              |                                   |                     | 26                            |          | 59-1167327                 |                                 | -                                      | No Applicable   |             |            |
| Suite, Apt. #, etc.                      |                                   |                     | Suite, Apt. #, etc.           |          |                            |                                 |  |                 | Additional  |            |
| <del>_</del>                             |                                   |                     | 27                            |          |                            | 5. Certifcate of Status Desired |  | •               | Re quired   |            |
| City & State                             |                                   |                     | City & State                  |          |                            | 6. Election Campaign Financin   |  | \$5.0           | 0 May Be    |            |
| 23                                       |                                   |                     | 28                            |          |                            | Trust Fund Contribution         | " <u> </u>                             |                 | d to Fees   |            |
| Zip Country                              |                                   |                     | Zip Country                   |          |                            | 8. This corporation owes the c  | ırrent vear İn                         |                 |             |            |
| 24                                       | 25                                | ,                   | 29                            | 30       | •                          |                                 | Personal Property Tax.                 | and the year in | Yes         | □No        |
| 24)                                      | 9. Name and Addre                 | ss of Curren F      |                               |          | 7                          |                                 | 10. Name and Address of New            | / Registered    |             | _=:        |
|  | 31 Name and Advis                 | .33 01 0011011      | iogiotoreo rigoni             |          | 81                         | Name                            |  |                 |             |            |
| FITZ                                     | GERALD, RON                       |                     |                               |          |                            |                                 |  |                 |             |            |
|  | LANGLEY AVE.                      |                     |                               |          | 82 Street Andre            |                                 | dress (P.O. Bo). Number is Not Acce    | ptable)         |             |            |
| PENSACOLA FL 32505                       |                                   |                     |                               |          | -                          | ļ                               |  |                 |             |            |
| 1 5.144                                  | 0A00EA1E 02000                    |                     |                               |          | 83                         |                                 |  |                 |             |            |
|  |                                   |                     |                               |          | 84                         | City                            | <del></del>                            |                 | 85 Zij      | p Code     |
|  |                                   |                     |                               |          | 1                          |                                 | rporation submi s this statement for t | Fl              | _     '     |            |
| SIGNATURE                                | Signature, typed or printed na ne |                     |                               |          |                            | t signature requ                | ired when reinstating)                 | DATE            |             |            |
| 12.                                      |                                   | FFICERS AND         |                               | 13.      |                            |                                 | ADDITIONS/CHANGES TO                   | OFFICERS A      |             |            |
| ΠπLE                                     | PVS                               |                     | ☐ DELE                        |          | ITLE                       | Ì                               |  |                 | ☐ Change    | e Addition |
| NAME                                     | FITZGERALD, RON                   | _                   |                               | 1.2 N    | IAME                       |                                 |  |                 |             |            |
| STREET ADDRE 3S                          | 2231 LANGLEY AVE                  | Ξ.                  |                               | 13 STR   |                            | ADDRESS                         |  |                 |             |            |
| CITY-ST-ZIP                              | PENSACOLA FL_                     |                     |                               |          | ITY-S                      | Γ-ZIP                           |  |                 |             |            |
| TITLE                                    | τ.                                |                     |                               | TE 2.1 T | ITLE                       | }                               |  |                 | Change      | e          |
| NAME                                     | FTIZGERALD, RON                   |                     |                               | 2.2 N    | IAME                       | İ                               |  |                 |             |            |
| STREET ADDRESS                           | 2231 LANGLEY AVE                  | Ε.                  |                               | 2.3 9    | TREE                       | ADORESS                         |  |                 |             |            |
| CITY-ST-ZIP                              | PENSACOLA FL                      |                     | _                             | 2.40     | CITY-S                     | T-ZIP                           |  |                 |             |            |
| TITLE                                    |                                   |                     | ☐ DELE                        | TE 3.1 T | TLE                        |                                 |  |                 | Change      | e Addition |
| NAME                                     |                                   |                     |                               | 32 N     | IAME                       | 1                               |  |                 |             |            |
| STREET ADDRESS                           |                                   |                     |                               | 3.3 S    | TREET                      | ADDRESS                         |  |                 |             |            |
| CITY-ST-ZIP                              |                                   |                     |                               | 1        | CITY-S                     | i i                             |  |                 | _           |            |
| TITLE                                    | <del></del>                       | <del></del>         | ☐ DELE                        |          |                            |                                 |  |                 | Change      | e Addition |
| NAME                                     |                                   |                     |                               | 4. 21    | NAME                       | }                               |  |                 |             |            |
| STREET ADDRESS                           |                                   |                     |                               | 438      | TREET                      | ADDRESS                         |  |                 |             |            |
| CITY-ST-ZIP                              |                                   |                     |                               |          | ITY-S                      |                                 |  |                 |             |            |
| TITLE                                    |                                   |                     | ☐ DELE                        |          |                            | -                               | <del></del>                            |                 | Change      | e          |
| NAME                                     | li                                |                     |                               |          | IAME                       | ļ                               |  |                 | •           |            |
|  |                                   |                     |                               | 535      | TREE                       | ADDRESS                         |  |                 |             |            |
| STREET ADDRESS                           |                                   |                     |                               |          | ITY-S                      |                                 |  |                 |             |            |
| CITY-ST-ZIP                              |                                   |                     | ☐ DELE                        |          |                            | -                               |  |                 | [] Change   | e Addition |
| TITLE                                    |                                   |                     |                               |          | IAME                       | 1                               |  |                 |             |            |
| NAME                                     |                                   |                     |                               | 1        |                            | ADDRESS                         |  |                 |             | '          |
| STREET ADORES 3                          |                                   |                     |                               |          |                            | 1                               |  |                 |             |            |
| CITY-ST-ZIP                              |                                   |                     |                               | 6.4 0    | ITY-S                      | r-ZIP                           |  |                 |             | ļ.         |

14. 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 uncer 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:

SIGNATURE AND TYPED OR PICINTED NAME OF SIGNING OFFICER OR DIRECTOR

aytime Phone #

CR2E034 (11/98)