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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

BOB CHAMBERS ROOFING INC.

FILED

Feb 23 1998 8:00am

Secretary of State

	• • • • • • • • • • • • • • • • • • • •					
Principal Place of Business Mailing Address					I IODADA BAIA FILTA OBAIA BAIAU DIADA I	.
3000 N.E. 47 STREET LIGHTHOUSE POINT FL 33064		3000 N.E. 47 STREET LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
6 Dringland C	Place of Business	2a. Mailing Address			05/26/1977 4. FEI Number	Applied For
	Tace of Business	2a. Mailing Address				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-1746315	\$0.75 Additional
22 27		27			5. Certificate of Status Desired	Fee Required
City & Stal	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30		8. This corporation owes or has paid Personal Property Tax due June 3	
24	9. Name and Address of Curre		30		10. Name and Address of New Reg	/
(CHAMBERS, ROBERT A.	<u> </u>	81	Name		
	000 NE 47 STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
	IGHTHOUSE POINT FL 33064			Oli Cot / tagic	oss (1.10. Box Harrison to Hot) tooptable	
_			83			
			84	City		85 Zip Code
		100 100 51 11 Oct		···		FL 13 2 P Seed
office or i	registered agent, or both, in the State	e of Florida. Such change was	authorized by	the corporation	oration submits this statement for the pulion's board of directors. I hereby accept	the appointment as registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Statutes			
SIGNATURE	Signature, typed or printed name of registered ag	ont and tille if applicable (NC	OTE: Registered Ager	nt signature require	ed when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CHAMBERS, ROBERT A.		1.2 NAME			
STREET ADDRESS	3000 N.E. 47 STREET		1.3 STREET /	ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33		1.4 CITY-ST	- ZIP		
TiTLE	S	☐ DELETE	2.1 TITLE			Change Addition
NAME	CHAMBERS, NANCY		2.2 NAME	1		
STREET ADDRESS	3000 N.E. 47 STREET		2.3 STREET A	ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33		2. 4 CITY - ST	r - ZiP		
TITLE	P	☐ DELETE	3.1 TITLE			Change Addition
NAME	KOENKE, JEFFREY M.		3.2 NAME			
STREET ADDRESS	2001 NE 30 COURT		3.3 STREET #			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33	064 DELETE	3.4. CITY-ST 4.1 TITLE	- ZIP		Change Addition
TITLE		☐ Officie		ļ		C Shange C Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	i i		
CITY-ST-ZIP		DELETE	4.4 CHY-ST 5.1 TITLE	- 219		Change Addition
TITLE NAME		DECENT	5.2 NAME			
STREET ADDRESS			5.3 STREET A	ADDRESS		
			5.4 CITY-ST			
CITY-ST-ZIP TITLE		DELE te	6.1 TITLE	g.1l		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	ADORESS		
CITY-ST-ZIP			6.4 CITY-ST			

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.

MANCLY HAMBER**