

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90028 048 \*\*\*150.00

**DOCUMENT # 613121**

1. Corporation Name

**CHEESBRO ROOFING, INC.**

Principal Place of Business

1021 S. NOVA RD.  
ORMOND BCH FL 32174

Mailing Address

1021 S. NOVA RD.  
ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/15/1979**

4. FEI Number

**59-1965425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CHEESBRO, GORDON P.**  
**1024 S NOVA RD**  
**ORMOND BCH. FL 32174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE **P** ☐ DELETE  
NAME **CHEESBRO, GORDON P**  
STREET ADDRESS **1820 N NOVA RD**  
CITY-ST-ZIP **ORMOND BCH, FL 00000**

TITLE **S** ☐ DELETE  
NAME **THOMPSON, MARTI M**  
STREET ADDRESS **284 S ORCHARD ST**  
CITY-ST-ZIP **ORMOND BCH, FL 00000**

TITLE **VP** ☒ DELETE  
NAME **CHEESBRO, HELEN ELAINE**  
STREET ADDRESS **1300 MIDWAY BLVD**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition  
1.2 NAME **James Navin**  
1.3 STREET ADDRESS **1024 South Nova Road**  
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

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:

*Marti Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

904-677-9175

Daytime Phone #

CR2E034 (11/98)

0026709