FILE NOW: FILING FEE IS $61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90076 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 719006

1. Corporation Name

FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4111 METRIC DR PO DRAWER 4850 WINTER PARK FL 32792 US	4111 METRIC DR PO DRAWER 4850 WINTER PARK FL 32792 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/19/1970
4. FEI Number: 59-1269842 ☐ Applied For ☐ Not Applicable
5. ~~Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MUNNELL, STEPHEN W
4111 METRIC DR
WINTER PARK FL 32792

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNNELL, STEPHEN		1.2 NAME		
STREET ADDRESS	4111 METRIC DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D:	☒ Change ☐ Addition
NAME	GREENE, WILLIAM		2.2 NAME		
STREET ADDRESS	PO BOX 26069 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	PE	☒ Change ☐ Addition
NAME	DOVE, JODY		3.2 NAME		
STREET ADDRESS	1025 KISSIMMEE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE F		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	BOWEN, BRAD III		4.2 NAME	Engelmeier, Carl	
STREET ADDRESS	P O BOX 1237-NA		4.3 STREET ADDRESS	4800 Wofford Lane	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	Orlando, FL 32810-4148	
TITLE	PE	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	PURDY, BOB		5.2 NAME		
STREET ADDRESS	18 W. STUMPFIELD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	VP	☒ Change ☐ Addition
NAME	GUSTAFSON, M		6.2 NAME		
STREET ADDRESS	POB 832		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		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 an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Stephen W Munnell 4/9/99 (407) 6713772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)