

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764249** (9)
1. Corporation Name
WEST COAST ROOFING CONTRACTOR'S ASSOCIATION, INC



Principal Place of Business P.O. BOX 172306 TAMPA FL 33672 US	Mailing Address P.O. BOX 172306 TAMPA FL 33672 US
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3. Date Incorporated or Qualified 07/21/1982		
4. FEI Number 59-2308716	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**ROGERS, EVELYN D
1000 N ASHLEY ST SUITE 630
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name **Robert BRADY**
82 Street Address (P.O. Box Numbers Not Acceptable) **16400 Lake Byrd Drive**
83
84 City **Tampa** FL 85 Zip Code **33618**

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 **Robert Brady** **Robert Brady, Treasurer** x **4-29-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLANDT, GORDON 851 PLATEAU AVE LAKELAND FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEESEY, ROBERT 8517 SUNSTATE ST. TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRUSE, STEVE 6801 ADAMO DR TAMPA FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, EVELYN D 1000 N ASHLEY ST SUITE 630 TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD Steve KRUSE 6601 ADAMO DRIVE Tampa, FL 33602
<input type="checkbox"/> Change <input type="checkbox"/> Addition	VPD Same
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD GORDON Glandt 851 Plateau Ave LAKELAND, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD Robert BRADY 16400 LAKE BYRD DRIVE Tampa, FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.
SIGNATURE: **Robert Brady** x **4-9-98** **813-989-2356**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **0050124**

CR2E037 (10/97)