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 Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90142 001 ***150.00

DOCU	MENT # F60347							
i. Corporation	1 Name							
B&RR	OOFING & SHEET METAL, I	NC.			I			
						 		
	<u></u>							
Principal Place	e of Business	Mailing Address				1007 51071 610		1011 01917 1401
650 CYPRESS ST 650 CYPRESS ST								
		MERRITT ISLAND FL 32952						
					DO NOT WRITE	IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					12/30/1981		1 1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26		,	<u>59-2147491</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		- \$8.75 A	
22		City & Charles						·
City & State		City & State			6. Election Campaign Financing		\$5.00	•
23		28	C		Trust Fund Contribution		Added t	o rees
Zip	Country	Zip	Country		8. This corporation owes the curren	•	ngible □Yes	□No I
24	[25]		30		Personal Property Tax.			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
STO	ut, robert h		142	116				
650 CYPRESS ST			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable	e)		
MERRITT ISLAND, FL			00					
32952		83						
3230	5 2		84 City	,	100		85 Zip (Code
						FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nam	ned corpor	ation submits this statement for the pu 's board of directors. I bereby accept t	irpose of c	hanging its Iment as rei	registered pistered
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		Registered Agent signat	ure required w		DATE		70 11 40
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFIC	CERS AND		RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE				☐ Change	☐ Addition
NAME	COOK, ROBERTA S	•	1.2 NAME	Ì				
STREET ADDRESS	420 ROBERTSVILLE RD.		1.3 STREET ADDRE	ESS				
CITY-ST-ZIP	OAK RIDGE TN		1.4 CITY-ST-ZiP					
TITLE	SDV	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	Stout, Sara D		2.2 NAME					
STREET ADDRESS	285 MARLIN DR		2.3 STREET ADDRE	SS				
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		2. 4 CITY-ST-ZIP					
TITLE	PD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	STOUT, ROBERT H		3.2 NAME					
STREET ADDRESS	285 MARLIN DR		3.3 STREET ADORE	SS				
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	ss				
City-St-ZiP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRE	ESS				
City-St-Zip			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET ADDRE	ss				}
			6.4 CITY-ST-ZIP	· J				
CITY-ST-ZIP			/ - G / - E/	ŧ				,

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: