

FILED

Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90135 008 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # G92888

1. Corporation Name

H &amp; C ROOFING, INC.

Principal Place of Business

432 WARREN AVENUE  
NEW SMYRNA BEACH FL 32168

Mailing Address

432 WARREN AVENUE  
NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1984

4. FEI Number

59-2407210

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$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 &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

KENNEDY, PATRICK G.  
432 WARREN AVENUE  
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

HERSHEL C. POWERS

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

432 WARREN AVE

83

84 City

NEW SMYRNA BEACH FL

85 Zip Code

32168

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 *Hershel C. Powers*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, JAMES C.	
STREET ADDRESS	264 TANNER STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, DELORIS	
STREET ADDRESS	432 WARREN AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, MITCHELL	
STREET ADDRESS	641 YUPON ST	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POWERS, HERSHEL C.	
STREET ADDRESS	432 WARREN AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRES/TREAS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP/SEC POWERS ROBERT
5.3 STREET ADDRESS	436 WARREN
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERSHEL C. POWERS - PRES

Date

Daytime Phone #

904-428-6967

CR2E034 (1/98)