Apr 08, 1999 8:00 am Secretary of State

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## 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

## **DOCUMENT # H16657**

. Corporation Name

L & L ROOFING, INC.

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Principal Place	e of Business	Mailing Address					U ULADA BALIA IDUA DII	Jěl BIBIL BIBIL B	(BI) BIBII (BBI
% CHERIO LLO	YD .	% CHERIO LLOYD							
1310 BUCKWOO		1310 BUCKWOOD DRIVE							
ORLANDO FL 32806 ORLANDO FL 32806						1	OT WRITE IN T	HIS SPACE .	
						3. Date Incorporated or C	lualited		•
			==			08/15/1984			0-45
<b>⊢</b> ¬ '	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2304819			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status De	sired 🔲	<b>\$8.75</b> A Fee Re	
22		27							<u> </u>
City & State	e ***	City & State				6. Election Campaign Fina		\$5.00	
23		28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		- Added t	<u>p rees</u>
Zip	Country	Zip	Count	ry		8. This corporation owes		Intangiole Xes	□No
24	.  25	29	30	•		Personal Property Tax.  10. Name and Address o		<del></del>	
<u> </u>	9. Name and Address of Currer	nt Registered Agent		1 Nam	Δ.	10, Name and Address o	i itew Register	eu Agent	
CHE	RIE LLOYD		ľ	'  ''					
CHERIE LLOYD 1310 BUCKWOOD DRIVE			8	2 Stre	et Addres	ss (P.O. Box Number is Not	Acceptable)		_
	ANDO FL 32806		-		·				
OND	ANDO FE 32000		8	3					
			8	4 City				. 85 Zip (	Code
	·			<u> </u>					
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the abo	ve-name	ed corpoi	ration submits this statement	t for the purpose by accept the ac	e of changing its popintment as re	registered aistered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statute	es.	poradon	a bodia of alloctors. Theres	,, 4000,, 1110 0,	<b>P</b>	<b>3</b>
SIGNATURE								-	}
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ag	gent signatu	re required	when reinstating)	DATE		
SIGNATURE 12.	OFFICERS AN	ID DIRECTORS	13.		re required v	when reinstating) ADDITIONS/CHANGES		AND DIRECTO	
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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 either 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 either 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 either 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.

6.4 CITY-ST-ZIP

SIGNATURE

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-3 -99 86 Da

Daytime Phone #

CR2F034.(4.1/0)