

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**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90061 003 \*\*\*150.00

**DOCUMENT # H52037**

1. Corporation Name  
**CRS CENTRAL ROOFING SUPPLY, INC.**

Principal Place of Business

HWY 561  
28220 C. R. 561  
TAVARES FL 32778  
US

Mailing Address

HWY 561  
POST OFFICE BOX 1042  
TAVARES FL 32778  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/12/1985**

4. FEI Number

**59-2528364**

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **1700 N. Orange Blossom Trail**

2a. Mailing Address

26 **PO Box 540506**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Orlando FL**

City & State

28 **Orlando FL**

Zip

24 **32804**

Country

25 **Orange**

Zip

29 **32854-0506**

Country

30 **Orange**

9. Name and Address of Current Registered Agent

**SANDARGAS, JOHN A.**  
**12638 LAKESHORE DR**  
**85**  
**CLERMONT FL 34711**

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 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 **John A. Sandargas**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SANDARGAS, JOHN A.**  
STREET ADDRESS **12638 LAKESHORE DR**  
CITY-ST-ZIP **CLERMONT FL**

TITLE **D** ☐ DELETE  
NAME **SANDARGAS, DONATAS P.**  
STREET ADDRESS **12120 SAPPHIRE RD**  
CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**John A. Sandargas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/99 (407) 648-4393**

CR2E034 (11/98)