## -FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # H76767

J. K. BEHAN GENERAL ROOFING CONTRACTOR, INC.

| Principal Place of Business Mailing Address |  |                    |   |             |                                       |   |   |                        | TALL BIBIT ATELL OF              | 1914 81871 1881                       |
|---|--|--------------------|---|-------------|---------------------------------------|---|---|------------------------|----------------------------------|---------------------------------------|
| 1450 MAPLE AV<br>MELBOURNE FL<br>US         |  |                    | 1450 MAPLE AVE<br>MELBOURNE FL 32935<br>LIS |             |                                       |   | DO NOT WRITE IN THIS SPACE  |                        |                                  |                                       |
|   |  |                    |   |             |                                       |   | 3. Date Incorporated or Qualifed 09/19/1985   |                        |                                  |                                       |
| 2. Principal Pl                             | ace of Business  | 2a. Maili          | ng Address                                  |             |                                       |   | 4. FEI Number   |                        | Apr                              | olied For                             |
| 21  | •  | 26                 |   |             |                                       |   | 59-2619112  |                        | Not                              | : Applicable                          |
| Suite, Apt.                                 | #, etc.  | Suite<br>27        | Suite, Apt. #, etc.                         |             |                                       | 5. Certificate of Status Desired            |   |                        |                                  |                                       |
| City & State                                | 9  | City 28            |   |             |                                       |   | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |                        |                                  |                                       |
| Zip   | Country Zip  |                    |   | Country     |                                       |   | 8. This corporation owes the current year Intangible                                |                        |                                  |                                       |
| 24  | 25 29 30   |                    | 30  | L,          |                                       | Personal Property Tax.                      |   |                        |                                  |                                       |
|   | 9. Name and Address of Cu  | rrent Registered   | Agent                                       | <u> </u>    | 81 N                                  | Name  | 10. Name and Address of New I   | Kegisterea             | Agent                            |                                       |
| OCU.  | AN IAMES K III   | • •                |   | '           | " ויי                                 | vame  |   |                        |                                  |                                       |
| Behan, James K. III<br>2335 Abalone Avenue  |  |                    | [7  | <b>82</b> S | Street Addre                          | Address (P.O. Box Number is Not Acceptable) |   |                        |                                  |                                       |
|   | ALANTIC FL 32903   |                    |   | -           | 83                                    |   |   | 3 42<br>23,330 x 3     |                                  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| INDA  | ADAMINO FE 32303   |                    |   | [           | 03                                    |   |   | . 5 .                  |                                  |                                       |
|   |  |                    |   |             | - 1                                   | City  |   | FL                     | 85 Zip C                         |                                       |
| · Affind or re                              | to the provisions of Sections 607<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob | ate of Fiorida SII | on change was a                             | auunnnzeu   | nv me                                 | amed corpo<br>e corporation                 | oration submits this statement for the<br>n's board of directors. I hereby acce     | purpose of pt the appo | changing its i<br>intment as reg | registered<br>gistered                |
| SIGNATURE                                   |  |                    |   |             |                                       |   |   | DATE                   |                                  | <u> </u>                              |
|   |  |                    |   |             | egistered Agent signature require 13. |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                   |                        |                                  |                                       |
| 12.   |  | AND DIRECTOR       | DELETE                                      | 1.1 TITL    | F                                     |   | ADDITIONS/CHANGES TO CI   | TIOEITO                | Change                           | Addition                              |
| TITLE                                       | o<br>Behan, James K. III   |                    | <u> </u>                                    | 1.2 NAN     |                                       |   |   |                        |                                  |                                       |
| NAME .                                      | 2335 ABALONE AVE   |                    |   |             | EET AD                                | NUBESS                                      | •   |                        |                                  |                                       |
| STREET ADDRESS                              | INDIALANTIC FL   |                    |   |             | Y-ST-ZII                              |   |   |                        |                                  |                                       |
| CITY-ST-ZIP<br>TITLE                        | INDIALANTIC PL   | <del></del>        | ☐ DELETE                                    | 2.1 TIT     |                                       | ir  |   |                        | ☐ Change                         | Addition                              |
| ļ   |  |                    | <b>G</b> ::                                 | 2.2 NAA     |                                       |   |   |                        |                                  | 1                                     |
| NAME  |  |                    |   |             | REET AD                               | DRESS                                       |   |                        |                                  |                                       |
| STREET ADDRESS                              |  |                    |   |             | Y-ST-Z                                |   |   |                        |                                  |                                       |
| CITY+ST-ZIP<br>TITLE                        |  |                    | ☐ DELETE                                    | 3.1 TITL    |                                       | <del>"  </del>                              |   | · ·                    | Change                           | Addition                              |
| NAME  |  |                    |   | 3.2 NAM     |                                       |   |   |                        |                                  | ·                                     |
| STREET ADDRESS                              |  |                    |   |             | REETAD                                | DORESS                                      |   |                        | )                                |                                       |
| CITY-ST-ZIP                                 | · · · · · · · · · · · · · · · · · · ·  | -                  |   |             | Y-ST-Z                                |   |   |                        |                                  | 44 13                                 |
| TITLE                                       |  |                    | ☐ DELETE                                    | 4.1 TITL    |                                       |   |   |                        | Change                           | Addition                              |
| NAME  | •  |                    |   | 4, 2 NA     | ME                                    |   |   |                        | ر ۰                              | ,                                     |
| STREET ADDRESS                              | •  |                    |   | 4.3 STF     | REET AD                               | DRESS                                       |   |                        |                                  |                                       |
| CITY-ST-ZIP                                 | $\sigma^{-1}$  |                    |   | 4.4 CIT     | Y-ST-ZI                               | IP  |   |                        |                                  |                                       |
| TITLE                                       |  | ***                | ☐ DELETE                                    | 5.1 TITI    |                                       |   |   |                        | ☐ Change                         | Addition                              |
| NAME  | <i>A</i> .   |                    |   | 5.2 NA      | ME                                    |   | •.  |                        |                                  |                                       |
| STREET ADDRESS                              |  |                    |   | 5.3 STF     | REET AD                               | DORESS                                      |   |                        |                                  |                                       |
| CITY-ST-ZIP                                 |  |                    |   | 5.4 CIT     | Y-ST-ZI                               | iP  |   |                        |                                  |                                       |
| TITLE                                       | Elistra, La villa  | 1.112              | ☐ DELETE                                    | 6.1 TITU    | E.                                    |   |   |                        | ☐ Change                         | ☐ Addition                            |
| NAME  | All Salary   |                    |   | 6.2 NA      | ME                                    |   |   |                        |                                  |                                       |
| STREET ADDRESS                              | the Contract   |                    |   | 6.3 STF     | REETAD                                | ODRESS                                      |   |                        |                                  |                                       |
| CITY-ST-ZIP                                 |  |                    |   | 6,4 CIT     | Y-ST-ZI                               | JP  |   |                        |                                  |                                       |

**SIGNATURE** 

MUNKED

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 of 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, of on an attachment with an address, with all other like empowered.

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90054 049 \*\*\*150.00