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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35515

1. Corporation Name

JEFFREY A. MORROW SOFFIT AND FASCIA, INC.

Principal Place of Business

928 S.E. 9TH STREET
CAPE CORAL FL 33990
US

Mailing Address

928 S.E. 9TH STREET
CAPE CORAL FL 33990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1986

4. FEI Number

59-2741660

Applied For

Not Applicable

2. Principal Place of Business

21 926 S.E. 9th Street

Suite, Apt. #, etc.

22

City & State

23 Cape Coral, FL

Zip Country

24 33990

25 usa

2a. Mailing Address

26 926 S.E. 9th Street

Suite, Apt. #, etc.

27

City & State

28 Cape Coral, FL

Zip Country

29 33990

30 usa

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MORROW, JEFFREY A.
3218 S.E. 2ND AVE.
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD DELETE

NAME MORROW, JEFFREY
STREET ADDRESS 3218 SE 2ND AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE STD DELETE

NAME MORROW, LINDA S.
STREET ADDRESS 3218 SE 2ND AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE VP DELETE

NAME STANTON, GORDON L.
STREET ADDRESS 1432 SE 19TH ST
CITY-ST-ZIP CAPE CORAL 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

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 *Linda S. Morrow* LINDA S. MORROW

4/13/99 (941) 722-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/1/98)