

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  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90072 011 \*\*\*150.00

DOCUMENT # J95022

1. Corporation Name

ALBERT PINAMONTI ROOFING CONTRACTOR, INC.

Principal Place of Business

18395 GULF BLVD SUITE 103  
INDIAN SHORES FL 33785  
US

Mailing Address

18395 GULF BLVD SUITE 103  
INDIAN SHORES FL 33785  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1987

4. FEI Number

59-2850325

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 1299 Starkey Rd.  
Suite, Apt. #, etc.

22 #301

23 City & State

Largo, Fla.

24 Zip

33771

Country

USA

2a. Mailing Address

26 P.O. Box 867  
Suite, Apt. #, etc.

27

28 City & State

Largo, Fla.

Zip

33779-0867

Country

USA

9. Name and Address of Current Registered Agent

PINAMONTI, ALBERT  
647 PONCE DE LEON  
BELLEAIR FL 34616

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  
33756

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

*Albert L. Pinamonti* (Albert L. Pinamonti) President 4-26-99

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 ☐ DELETE

NAME DP  
PINAMONTI, ALBERT  
STREET ADDRESS 647 PONCE DE LEON  
CITY-ST-ZIP BELLEAIR FL

TITLE ☐ DELETE

NAME V  
PINAMONTI, ALEXANDER  
STREET ADDRESS 3488 BEGONIA PL.  
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME V  
PINAMONTI, BRIAN  
STREET ADDRESS 8020 ABERDEEN CIRCLE  
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE

NAME ST  
PINAMONTI, DEBRA  
STREET ADDRESS 647 PONCE DE LEON  
CITY-ST-ZIP BELLEAIR FL

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:

*Albert L. Pinamonti* (Albert L. Pinamonti) President 4-26-99 (727) 531-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0423875