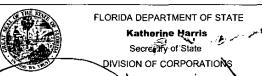
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT #

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90040 042 ***150.00

1. Corporation Name FIRMAN, ROOF CONSUL	FANTO, INC		
Principal Place of Business Mailing Address		· -	
2027 WILLOW BEND L	ANE		
LYNN HAVEN, FL 32		DO NOT WRITE IN THIS SPACE	
29,000 11,000 1,72 32	444	3. Date Incorporated or Qualified DEC & 1988	
Principal Place of Business 2a. Mailing Address		4. FEI Number Applied	or
21 2027 WILLOW BEND + N 26 2027 WILLO Suite, Apt. #, etc. Suite, Apt. #, etc.	W BEND LN	65-0083768 Not Appl	
22 27		5. Certifcate of Status Desired Fee Required	l
22 LYNN HAVEN FL 28 LYNN HAV	W FL	6. Election Campaign Financing \$5.00 May to Trust Fund Contribution Added to Fee	
Zip Country Zip	Country	8. This corporation owes the current year Intangible	
	O USA	Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
DENNIS M. FIRMAN	ess (P.O. Box Number is Not Acceptable)		
2027 WILLOW BEND LANE		iss (F.O. Box Number is Not Acceptable)	
			}
LYNN HAVEN FL 32444	84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	the above-named corpo	ration submits this statement for the purpose of changing its regist	ered
office or registered agent, or both, in the State of Florida. Such change was aut agent. I am (Amil)ar with, and accept the obligations of, Section 607.0505, Florid	horized by the corporatior ta Statutes. ✓	n's board of directors. I hereby accept the appointment as registere	d
	DENT/SELASTA	my 38 MAC 99	<u>_</u>
Signature, typed or printed name of registred agent and tate if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS	tegistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 8
TITLE PRESIDENT/SECRETARY DELETE	1.1 TITLE		Addition
STREET ADDRESS 2027 WILLOW BEND LN	1.2 NAME		2
STREET ADDRESS 2027 WILLOW 13200 ZW	1.3 STREET ADDRESS		[
CITY-ST-ZIP LYNNHAVEN, FZ 32444	1.4 CITY-ST-ZIP	Change	Addition C
TITLE VICE PRESIDENT/ TREASURED DELETE	2.1 TITLE 2.2 NAME	☐ Change ☐	-aution -
STREET ADDRESS 2027 WILLOWSENS EN	2.3 STREET ADDRESS		
CITY-ST-ZIP LYNN 149VEN 109 32444	2. 4 CITY-ST-ZIP		Ì
TITLE	3.1 TITLE		A distant
NAME		☐ Change	Rudition
STREET ADDRESS	32 NAME	☐ Change	
CITY-ST-ZIP	3.3 STREET ADDRESS	☐ Change	
TITE OF FEE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Addition
NAME	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		
NAME STREET ADDRESS	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
NAME	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	Change	
NAME STREET ADDRESS CITY-ST-ZIP	3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	Change	Addition
NAME STREET ADDRESS CITY- ST-ZIP TITLE* DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE NAME	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change	Addition

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: