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Jul 15, 1999 8:00 am Secretary of State

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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

DOCUMENT # **K52965**

1. Corporation Name

RFP ROOFING COMPANY, INC.

Principal Place of Business Mailing Address						101 2111 91911 0	7011 01011 21011 01	
1650 LYNSFIEL	1650 LYNSFIELD CT.	CT.						
LUTZ FL 33549 LUTZ FL 33549						TE IN THIS	00405	
US US					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 01/01/1989			
Principal Place of Business 2a. Mailing Address					4. FEI Number		App	olied For
21		26			59-2923987		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	'M	\$8.75 A	
22		27			3 .	_T	Fee Rec	Juired
City & State	e	City & State	City & State		6. Election Campaign Financing		\$5.00 h	, ,
23		28			Trust Fund Contribution		Added to	Fees
Zip	— — — — — — — — — — — — — — — — — — —		Country	1	8. This corporation owes the current year Intangible			
24	25 29 30		<u> </u>	Personal Property Tax.				
Name and Address of Current Registered Agent					10. Name and Address of New F	legistered	Agent	
RODRIGUES, RICHARD F.			81	Name				
1650 LYNS FIELD CT			82	Street Add	ress (P.O. Box Number is Not Accepta	(BICK		
LUTZ FL 33549			83					
			84					
						FL	85 Zip C	1.1.
' office or n	egistered agent, or both∞in the State (of Florida. Such change was autho	orized by	the corporati	poration submits this statement for the on's board of directors. I hereby accept	purpose of ot the appoi	changing its i ntment as reç	registered jistered
'agent.' l'a	m familiar with, and accept the obligat	ns of, Section 607.0505, Florida	Statutes			2/2	100	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Rec	isterert Ager	nt signature require	ed when reinstating)	DATE	100	
			13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	RODRIGUES, RICHARD F.		1.2 NAME					
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	A A SHARE THE		1.4 CITY-S	T-ZIP				
TITLE	S	DELETE 2.1 TI					Change	☐ Addition
NAME	RODRIZUES, MARILEE A		2.2 NAME	}				
STREET ADDRESS	1650 LYNSFIELD CT			TADDRESS				
CITY-ST-ZIP	LUTZ FL 33549 2.40		2. 4 CITY-5	ST-ZIP				
TITLE	S DELETE 3.1 T		3.1 TITLE				☐ Change	☐ Addition
NAME .	10011100000		3.2 NAME	i				
STREET ADDRESS	6=7414 SHERREN DR			TADDRESS				
C/TY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	ļ			Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TATLE				Change	☐ Addition
NAME			5.2 NAME					

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition