

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 06, 1999 8:00 am  
Secretary of State

05-06-1999 90030 023 \*\*\*150.00

DOCUMENT # K86943

1. Corporation Name

FARMONT SUNROOFS, INC.

Principal Place of Business

2346 SUCCESS DRIVE  
ODESSA FL 33556  
US

Mailing Address

2346 SUCCESS DR  
ODESSA FL 33556  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

4. FEI Number

59-2962341

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

BELCHER, DALE  
2346 SUCCESS DRIVE  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

Thomas Rydberg

82 Street Address (P.O. Box Number is Not Acceptable)

610 W. Azeele

83

84 City

TAMPA

FL

85 Zip Code  
33606

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

*Thomas Rydberg*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 1999

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WINZKOWSKI, MICHAEL  
STREET ADDRESS 1999 DOWNING PLACE  
CITY-ST-ZIP PALM HARBOR FL

TITLE STD ☒ DELETE

NAME BELCHER, DALE  
STREET ADDRESS 2346 SUCCESS DRIVE  
CITY-ST-ZIP ODESSA 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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME WINZKOWSKI, MICHAEL  
1.3 STREET ADDRESS 3089 INNISLEN DRIVE  
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Fred Welchen DV ☐ Change ☒ Addition

3.2 NAME DV  
3.3 STREET ADDRESS 2346 SUCCESS DRIVE  
3.4 CITY-ST-ZIP ODESSA, FL 33556

4.1 TITLE DST ☐ Change ☒ Addition

4.2 NAME JAMES C. MARVIN  
4.3 STREET ADDRESS 3696 SWARTHOUT  
4.4 CITY-ST-ZIP PINCKNEY MI. 48169

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:

*Dale Belcher* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 727-771-7544

Date

Daytime Phone #

CR2E034 (11/98)

0381488