

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

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



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

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90478 007 ***150.00

DOCUMENT # **L46600V**

1. Corporation Name

KEYWORTH ROOFING, INC.

Principal Place of Business

**4385 INDEPENDENCE CT
SARASOTA FL 34234
US**

Main Office Address

**4385 INDEPENDENCE CT
SARASOTA FL 34234
US**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Main Office Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KEYWORTH, JOHN C.
4385 INDEPENDENCE COURT
#207B
SARASOTA FL 34234**

3. Date Incorporated or Qualified

02/01/1990

4. FEI Number

65-0180712

Applied For
Not Applied

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

☐

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

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

OFFICERS AND DIRECTORS

12.

NAME

DATE

STREET ADDRESS

CITY-STATE-ZIP

NAME

DATE

STREET ADDRESS

CITY-STATE-ZIP

NAME

DATE

STREET ADDRESS

CITY-STATE-ZIP

NAME

DATE

STREET ADDRESS

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DATE

STREET ADDRESS

CITY-STATE-ZIP

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(NOTE: If a new agent is added, it must be paid when filed.)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 NAME

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 NAME

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 NAME

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 NAME

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 NAME

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR