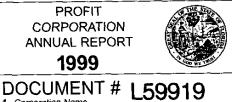
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

AMHERST ROOFING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90188 010 ***150.00

- I CHARLER AND ARTHUR CRICK CONTRACTOR CONTRACTOR AT A CONTRACTOR A CONTRACTOR AT A CONTRACTOR AT A CONTRACTO

Principal Place	of Business	Mailing Address				A 81811 E1817 B1811	21811 21611 1881	
% GARY ZVOSEC XXXX GOLDEN GATE BLVD XXXIES FL 33964		6040 12TH AVE NW NAPLES FL 33999 US		DO NOT WRITE IN THIS SPACE				
*** 220 (2 300)	•				3. Date Incorporated or Qualifed			
					03/20/1990			
2. Principal Place of Business 1 60 40 / 24 Am. N. W. Suite, Apt. #, etc.		2a. Mailing Address 2b. 6040 / 344 Avr. N.W Suite, Apt. #, etc. 27		4. FEI Number 65-0185011	γ— — —	pplied For ot Applicable		
					5. Certificate of Status Desired			==
City & State 3 Naples , FQ.		City & State 28 Naples L.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip		intry	8. This corporation owes the current year			
4 3411		29 34/19 3	<u>o (</u>	Collier	Personal Property Tax.	Yes Yes	□No	
	9. Name and Address of Current	Registered Agent		04 N	10. Name and Address of New Register	a Agent		
70/00	CEC CARV			81 Name				
ZVOSEC, GARY 6040 12TH AVE NW				82 Street Addre	ress (P.O. Box Number is Not Acceptable)			
	ES FL 33999			83				
IVALL	E0 15 00999			[83]				
				84 City	F	85 Zip	Code	
	10.007.0500	and CO7 1500 Florida Ptatutos	the o	boyo namod com	oration submite this statement for the nurnose	of changing it	s registered	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of In familiar with, and accept the obligation	Florida. Such change was auti	norizeo	a by the corporatio	on's board of directors. I hereby accept the ap	pointment as r	egistered	
SIGNATURE		DOT: D	niela ma	d Agent signature required	(when reinstating) DATE			
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	J Agent Signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	8
12.	D OFFICERS AND	DELETE	1.1 TI	ITLE		Change		(11/98)
NAME	ZVOSEC, GARY		1,2 N	ļ			Ì	<u> </u>
STREET ADDRESS	6040 12TH AVE NW		1.3 5	TREET ADDRESS				CR2E034
	NAPLES FL		•	iTY-ST-ZIP			J	Z
CITY-ST-ZIP [VP	☐ DELETE	2.1 TITLE			Change	Addition	್ರಾರ
NAME	ZVOSEC, CINDY L.	_	2.2 N	AME			}	1
STREET ADDRESS	6040 12TH AVE NW		1	TREET ADDRESS			L	İ
ſ	NAPLES FL		•	CITY-ST-ZIP	,	-		-
CITY-ST-ZIP TITLE	TAN LLOT L	DELETE		ITLE		Change	Addition	
NAME			3.2 N	IAME		,	Ì	l
STREET ADDRESS			1	TREET ADDRESS		,	ı	1
CITY-ST-ZIP			•	CITY-ST-ZIP				l
TITLE		DELETE	4.1 T			Change	Addition	l
NAME			4.21	NAME				l
STREET ADDRESS			435	STREET ADDRESS				ĺ
CITY-ST-ZIP			4.4 C	XTY-ST-ZIP				}
TITLE		DELETE	5.1 T			Change	Addition	l
NAME			52 N	IAME				ĺ
STREET ADDRESS			5.3 S	STREET ADDRESS	•			1
CITY-ST-ZIP			5.4 C	CITY-ST-ZIP				Í
TITLE		☐ DELETE	6.1 T	TILE		Change	Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET ADDRESS				}
CITY-ST-ZIP	- s		6.4 C	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, own an attachment with an address, with all other like empowered.

SIGNATURE:

270-98 (941) 594-5480

Date Daytine Phone #