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

PROFIT CORPORATION ANNUAL REPORT 1998

7 7 7



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L70058

(7)

GORDON ROOFING COMPANY

FILED									
May 01 1998 8:00am									
Secretary of State									

Principal Place of Business Mailing Address						T HERITON DIN HOUN DONN DURAN DINON	JULY URBEF QUUI	il Billin Billin All	JA BIBN NOON	
S CLOYCE F	RANKLIN GORDON HI	% CLOYCE FRANKLIN GORDON III							·	
38208 GRAYS	38208 GRAYS AIRPORT	08 GRAYS AIRPORT RD			DO NOT WINE	E 10. T. 110	DD+05			
LADY LAKE FL 32159 LADY LAKE FL 32159					<u> </u>	DO NOT WRIT		SPACE		_
					3	05/01/1990				1
2. Principal P	lace of Business	2a, Mailing Address				FEI Number			pplied For	4
21 26						59-3005544			lot Applicable	ə
Suite, Apt. #, etc. Suite, Apt.			it. #, etc.						Additional	٦
27 Chu & State					5	Certificate of Status Desired		Fee R	lequired	
	0	City & State			6	, Election Campaign Financing		\$5.00	May Be	7
23	28				Trust Fund Contribution		Added	to Fees	_	
Zip	<u> </u>			ry	8	, This corporation owes or has p				
24	25 September 25 Se	29	30			Personal Property Tax due Jun			∐ No	_
	g, Name and Address of Curren	t Hegistered Agent		1 Name		Name and Address of New R	egistereo	Agent		\dashv
	RDON III, CLOYCE FRANKLIN		[]							_
	208 Grays Airport RD Dy La ke Fl		E	2 Street	t Address (P.O. Box Number is Not Accepte	ible)			ı
!**	DI PAVE LI		ĺε	3						\dashv
										4
1			ļŧ	4 City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the abo	ve-named	d corporati	on submits this statement for the	purpose c	of changing	its registered	1
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was :	authorized	by the cor	rporation's	board of directors. I hereby acce	opt the app	pointment as	s registered	
SIGNATURE	and the grant an									
SIGNATURE	Signature, typied or printed name of registered ages	or and title of applicable (NOT	E: Registered /	gent signature	re required who	on reinstating)	DATE			_ F
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AN			_ ફે
TITLE	OP OLOVOR F. III	DELETE	11 TML		1			Change	Addition	1
NAME	GORDON, CLOYCE F III 38208 GRAYS AIRPORT RD.		1.2 NAV							3
STREET ADDRESS	LADY LAKE FL			ET ADDRESS	•					Įį
CITY-ST-ZIP TITLE	D	DELETE	2.1 THTM	- ST- ZIP				Change	Addition	- ₽
NAME	GORDON, CAROL LOUISE	[] brerie	2.7 MID		1			onlings	Addition	[
STREET ADDRESS	38208 GRAYS AIRPORT RD.		-	ET ADDRESS			; f			
CITY-ST-ZIP	LADY LAKE FL			-ST-ZIP						ì
TITLE	V	DELETE	3 1 TITL		 -			Change	Addition	7
NAME	REVELS, JAMES D.	-	3.2 NAM						•	
STREET ADDRESS	3430 DESERT LANE		3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	GROVELAND FL 34726			- ST- ZIP						
TITLE	V	DELFTE	4,1 T(TL					Change	Addition	7
NAME	CARTER, JOHN E		4, 2 NAN	tE	1					
STREET ADDRESS	1325 N 14 ST, B		4,3 STRE	ET ADDRESS	1					
CITY-ST-ZIP	LEESBURG FL		4.4 CITY	- ST - ZIP						_
TITLE		DELETE	5 1 11TLI		1			Change	Addition	}
NAME			52 NAM							
STREET ADDRESS			·	et address						
CITY-ST-ZIP		DCLCT/	5.4 CHTY					Choose	- is/shi	4
TITLE		DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAM		1					
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	ــــــــــــــــــــــــــــــــــــــ					4

14. Thereby 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.