


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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90014 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98587

1. Corporation Name

STANGLE ROOFING, INC.

Principal Place of Business

9589 OVERSEAS HIGHWAY
MARATHON FL 33050
US

Mailing Address

9589 OVERSEAS HIGHWAY.
MARATHON FL 33050
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3033491	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

STANGLE, RAYMOND J.
9551 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name **STANGLE, RAYMOND J.**
82 Street Address (P.O. Box Number is Not Acceptable)
9589 OVERSEAS HIGHWAY
83 (STREET ADDRESS CHANGE ONLY)
84 City **MARATHON** 85 Zip Code **FL 33050**

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 **RAYMOND J. STANGLE, PST**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Raymond J. Stangle 3/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGLE, RAYMOND J.	1.2 NAME	
STREET ADDRESS	9551 OVERSEAS HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGLE, RAYMOND J.	2.2 NAME	
STREET ADDRESS	9551 OVERSEAS HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CAROL J	3.2 NAME	
STREET ADDRESS	9551 OVERSEAS HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond J. Stangle 3/24/99 305/743-5359

CR2F034 (11/98)