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

DOCUMENT # M73177

1. Corporation Name

EAST COAST ROOFING & ALUMINUM, INC.

Principal Place of Business

P.O. BOX 209
ST. AUGUSTINE FL 32085-0204

Mailing Address

P.O. BOX 209
ST. AUGUSTINE FL 32085-0204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address **26**	3. Date Incorporated or Qualified **05/21/1997**
Suite, Apt. #, etc.	Suite, Apt. #, etc. **27**	4. FEI Number **59-2876029** / Applied For / Not Applicable
City & State	City & State **28**	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country **25**	Zip / Country **29 / 30**	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

9. Name and Address of Current Registered Agent

SWINDULL, KARL D
1571 NORTHWOOD DRIVE
ST. AUGUSTINE FL 32086

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWINDULL, KARL D		1.2 NAME		
STREET ADDRESS	1571 NORTHWOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32085-0204		1.4 CITY-ST-ZIP		
TITLE	Vice Pres.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWINDULL, POLLY W		2.2 NAME		
STREET ADDRESS	1571 NORTHWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: _Polly W. Swindull_ POLLY W Swindull 4/30/99 (904) 824-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)