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

03-04-1999 90149 018 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N32178**

1. Corporation Name

**SOUTH FLORIDA ROOFING AND SHEET METAL CONTRACTOR  
S ASSOCIATION, INC.**

Principal Place of Business

15601 SW 170 AVE.  
MIAMI FL 33187

Mailing Address

15601 SW 170 AVE.  
MIAMI FL 33187



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/09/1989

4. FEI Number

65-0114163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SKRLD, INC.**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE VPD  
NAME THOMPSON, EDDIE  
STREET ADDRESS 347 EAST 4TH ST  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE STD  
NAME RODRIGUEZ, MARCIA  
STREET ADDRESS 1509 W 34TH PL  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE PD  
NAME MENDEZ, FERNANDO JR.  
STREET ADDRESS 10370 NW 135 ST.  
CITY-ST-ZIP HIALEAH GARDENS FL ☐ DELETE

TITLE D  
NAME WILSON, ANTHONY  
STREET ADDRESS 7450 CHAMPANFIELD DR.  
CITY-ST-ZIP MIAMI FL 33156 ☐ DELETE

TITLE D  
NAME GAULT, DIANE  
STREET ADDRESS 6370 S.W. 92 ST  
CITY-ST-ZIP MIAMI F 33156 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME Thompson, EDDIE  
1.3 STREET ADDRESS 347 EAST 4 ST  
1.4 CITY-ST-ZIP HIALEAH FLA

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME Rodriguez, Marcia  
2.3 STREET ADDRESS 1509 W 34 PL  
2.4 CITY-ST-ZIP HIALEAH, FLA.

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Vice President ☐ Change ☒ Addition  
4.2 NAME Robert W. Dew  
4.3 STREET ADDRESS 9796 NW 14ST  
4.4 CITY-ST-ZIP Coral Springs, FLA. 33071

5.1 TITLE Sect. Treas. ☐ Change ☒ Addition  
5.2 NAME Gene Fall  
5.3 STREET ADDRESS 3440 N.W. 25 Ave  
5.4 CITY-ST-ZIP Pompano Beach FLA 33069

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, 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

EDDIE THOMPSON 7/12/99 305 3339542

Date

Daytime Phone #

CR2E037 (11/98)