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FILED

Jul 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003815 (8)

1. Corporation Name

PINELLAS COUNTY ROOFING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10427  
ST. PETERSBURG FL 33733

P.O. BOX 10427  
ST. PETERSBURG FL 33733

2. Principal Place of Business

21 P.O. Box 4985

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

Zip

24 33758

Country

25 Pinellas

2a. Mailing Address

26 P.O. Box 4985

Suite, Apt. #, etc.

27 City & State

28 Clearwater, FL

Zip

29 33758

Country

30 Pinellas

9. Name and Address of Current Registered Agent

OUELLETTE, ERNEST J.  
4736 HAINES RD. N.  
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified

08/19/1993

4. FEI Number

59-3195251

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Donny Grimes

82 Street Address (P.O. Box Number is Not Acceptable)

2060 1/2 17th St.

83 13029 FAXTON STREET

84 City

CLEARWATER

FL

85 Zip Code

33760

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

Donald Grimes

DONALD GRIMES

7/9/98

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 NAME STREET ADDRESS CITY-ST-ZIP

P REVELS, TIM  
6251 PARK BLVD N #8  
PINELLAS PARK FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V GRIMES, DON  
2060 1/2 17TH ST  
SARASOTA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S SPICER, SHARON  
19521 BELLEWOOD AVE. N.  
SEMINOLE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T MCGONIGAL, JOHN F  
3420 TERMINAL DR  
ST PETERSBURG FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HERBERLIN, BILL  
13003 60TH ST N  
CLEARWATER FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MCMULLEN, ALLEN  
PO BOX 1376  
SAFETY HARBOR FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

President  
Donny Grimes  
20601/2 17th St.  
Sarasota, FL

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Vice President  
Maron Patterson  
805 Park Street  
Clearwater, FL 33756

☒ Change ☒ Addition

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

500002591415  
-07/17/98--01008--038  
\*\*\*\$1.25

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Treasure  
Jim Borst  
132 10th Ave. N., Suite 101  
Safety Harbor, FL 34695

☒ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Director  
Randy sharp  
1565 Northgate Blvd.  
Sarasota, FL 34234

☒ Change ☒ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Director  
Bill Heaberlin  
13003 60th St. N.  
Clearwater FL

☒ Change ☐ Addition

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.

SIGNATURE:

Sharon Spicer

4/28/98

813-297-5605

CR2E037 (10/97)

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-07/17/98--01008--039  
\*\*\*13.75