

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90192 030 ****70.00

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1. Corporation Name

PINELLAS COUNTY ROOFING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4985
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4985
CLEARWATER FL 33758
US



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

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

9. Name and Address of Current Registered Agent

GRIMES, DONNY
13029 FAXTON STREET
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name

Revels, Tim

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

11408 131 Av. N.

83

84 City

Largo

FL

85 Zip Code
33778

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 P ~~DELETE~~

NAME GRIMES, DONNY
STREET ADDRESS 2060 1/2 17TH STREET
CITY-ST-ZIP SARASOTA FL

TITLE V ~~DELETE~~

NAME GRIMES, DON
STREET ADDRESS 2060 1/2 17TH ST
CITY-ST-ZIP SARASOTA FL

TITLE S ~~DELETE~~

NAME SPICER, SHARON
STREET ADDRESS 13521 BELLEWOOD AVE. N.
CITY-ST-ZIP SEMINOLE FL

TITLE VP ☐ DELETE

NAME PATTERSON, MARON
STREET ADDRESS 805 PARK STREET
CITY-ST-ZIP CLARWATER FL 33756

TITLE D ☐ DELETE

NAME HERBERLIN, BILL
STREET ADDRESS 13003 60TH ST N
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE

NAME BORST, JIM
STREET ADDRESS 132 10TH AVE N. SUITE 101
CITY-ST-ZIP SAFETY HARBOR FL 34695

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Revels, Tim
1.3 STREET ADDRESS 11408 131 Av. N.
1.4 CITY-ST-ZIP Largo FL 33778

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Borst, James
2.3 STREET ADDRESS 1091 Kapp Dr.
2.4 CITY-ST-ZIP Clearwater FL 33765

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Johnson, Suzanne
3.3 STREET ADDRESS 1115 Ponce de Leon Blvd.
3.4 CITY-ST-ZIP Belleair FL 33756

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Hightower Bob
4.3 STREET ADDRESS 2917 26th St. N
4.4 CITY-ST-ZIP St. Petersburg FL 33713

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Patterson, Maron
5.3 STREET ADDRESS 805 Park St.
5.4 CITY-ST-ZIP Clearwater, FL 33756

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 REQUIRED Revels,

3/25/99

727-541-6668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)