PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200006495

1. Corporation Name

PHOENIX ROOFING & CONSTRUCTION, INC.

Principal Place	e of Business	Ma	iling Address								
6236 KIRSTEN DR			6236 KIRSTEN DR								
PENSACOLA FL 32504 US			PENSACOLA FL 32504 US				Î	DO NOT WO!	TE IN THIS (PDACE	
							DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed			ļ
								11/20/1992			
2. Principal Place of Business			2a. Mailing Address					FEI Number			oplied For
21			26					<u>65-0369955</u>			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		•	Additional
			7							Fee Re	equired
City & State			City & State				6.	Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added	to Fees	
Zip Country			Zip Country				8.	This corporation owes the curr	ent year Inta	ngible	<i>v</i>
24	25	29		30				Personal Property Tax.		Yes	ØNo
	9. Name and Address of Co	urrent Regist	tered Agent				10.	Name and Address of New I	Registered A	lgent	
					81	Name					
GAU	ria, jorge				82	01 4.44	(D	O Day Number is Net Asset	oble)		
2655 LEJEUME RD						Street Addr	ress (P	.O. Box Number is Not Accepta	aule) 		
STE	600		_		83						
COR	AL GABLES FL 33134										
					84	City			FL	85 Zip	Code
		1000	27.4500 EL 37. DI 54	45	نــــــــــــــــــــــــــــــــــــــ			- authorite this statement for the		thanging its	s registered
11. Pursuant office or n	to the provisions of Sections 607 egistered agent, or both, in the S	tate of Florid	07.1508, Florida Statuti la. Such change was a	es, the a uthorized	bove i by	the corporation	ion's bo	pard of directors. I hereby acce	pt the appoin	tment as re	egistered
agent. I a	m familiar with, and accept the c	bligations of,	Section 607.0505, Flo	rida Stat	utes.	. '		•			
SIGNATURE											
	Signature, typed or printed name of registers				Agen	t signature require			DATE	D DIDECT	2DC IN 12
12.		S AND DIRE		13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP	☐ DELETE		1.1 🏋	1.1 TITLE					☐ Change	☐ Addition
NAME	REED, GAYLAND H			1.2 N	AME						ì
STREET ADDRESS			1.3 ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			1.4 C	TY-ST	T-ZIP					
TITLE	DST		☐ DELETE	2.1 TTLE						☐ Change	Addition
NAME	REED, DELORES			2.2 NAME							ĺ
STREET ADDRESS	6236 KIRSTEN DR			235	IRFFT	ADORESS		•			
	PENSACOLA FL				ITY-S						
CITY-ST-ZIP	PENSACORA FE		□ DELETE	3.1 ∏		1.71				Change	Addition
TITLE			_ 0	1							_
NAME				3.2 N							
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				_	πY-S	T-ZIP				Charas	☐ Addition
TITLE		_	☐ DELETE	4.1 ∏	TLE					Change	☐ Addition
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 \$	TREET	ADDRESS					- 1
CITY-ST-ZIP				4.4 C	ΠY•S1	T-ZIP					
TITLE			☐ DELETE	5.1 TI	TLE					Change	☐ Addition
NAME				5.2 N	AME.				,		
STREET ADDRESS				5.3 S	TREET	FADDRESS					ľ
					ITY-S1						İ
CITY-ST-ZIP			☐ DELETE	6.1 Ti						☐ Change	Addition
	• •			6.2 N							_
NAME					6.3 STREET ADDRESS						
STREET ADDRESS	1			0.35	الالالا						

6.4 CITY+ST-ZIP

SIGNATURE:

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.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90089 039 ***150.00