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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000039734

OLD FLORIDA METAL ROOFING, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90007 042 ***150.00



| | | | | | | | | [] 5[[| | | |
|---|---|---------------------------------------|-------------------------|--|---|--|----------------|-------------|--------------|----------------|--|
| Principal Place | e of Business | Mailing Address | | | | | | | | | |
| 227 COSAIR AV | | 227 CORSAIR AVE | | | | | | | | | |
| FT. LAUDERDAL | E FL 33308 | FT. LAUDERDALE FL 33308 US | | | | г | O NOT WRIT | E IN THIS | SPACE | | |
| US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | | | | |
| | | | | | | /27/1993 | | | | | |
| 2 Principal P | lace of Business | 2a, Mailing Address | - | | | Number | | | 1 | Applied For | |
| :[:: | O DAVIS RANCH R | | 17 | 41 | 65 | -0419361 | | | 1 | lot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Zolfo Spran | | | | | | 5. Certificate of Status Desired See Required Fee Required | | | | | |
| City & State | | City & State | | | & Elec | ction Campaig | n Financing | | \$5.00 | May Be | |
| 23 33 | 390 HARDEC | 28 33890 | HAK | Dec | | st Fund Contr | | <u> </u> | | to Fees | |
| Zip | Country | Zip | Country | | 8. This | s corporation | owes the curre | ent year In | tangible | _ | |
| 24 | 25 | 29 30 | | | | sonal Propert | | | ☐ Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Na | me and Addr | ess of New R | egistered | Agent | | |
| | | | 81 | Name | | | | | | | |
| MCEWAN, CHRIS 5400 PINE ISLAND ROAD | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | | |
| ROK | EELIA FL 33922 | | 83 | | | | | | | | |
| | | | 84 | City | | | | FL | 85 Zij | Code | |
| 44 Pursuant | to the provisions of Sections 607.0502 | and 607 1508. Florida Statutes | the above | e-named co | progration sul | omits this state | ement for the | nurnose of | f changing i | ts registered | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations. | of Florida. Such change was auth | nonzed by | the corpora | ation's board | of directors. I | hereby accep | t the appo | intment as | registered | |
| SIGNATURE | | | | | | | | DATE | | | |
| 40 | Signature, typed or printed name of registered agent OFFICERS AND | | egistered Ager | it signature requ | uired when reinsta | ITIONS/CHAN | IGES TO OF | | ND DIRECT | ORS IN 12 | |
| 12. | D OFFICERS AND | D DIRECTORS DELETE | 1.1 TITLE | | D | HONS/CHAI | VOES TO OF | TOERO A | Change | Addition | |
| TITLE | | | 12 NAME | | | SHIER | 6000 | TC E | 7 (0 | | |
| NAME | CHESHIER, GEORGE R JR | | | ADDRESS | | | IR AV | | -16 | | |
| STREET ADDRESS | 811 N.W. 8TH AVE | | |] | 22 | (A | - | 222 | 08 | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | ☐ DELETÉ | 1.4 CITY-S 2.1 TITLE | 1-ZIP | <u>rr</u> | CV-OC | 7.7 | כככ | ☐ Change | Addition | |
| TITLE | | | | | | | | | | _ | |
| NAME | | | 2.2 NAME | | - 1 | | | | | | |
| STREET ADDRESS | | | | TADDRESS | | • | | • | | - | |
| CITY-ST-ZIP | | — — — — — — — — — — — — — — — — — — — | 2. 4 CITY-5 | ST-ZIP | | | | | Chang | e Addition | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | | | | |
| NAME | | | 3 2 NAME | | | | | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | F1 | 3.4. CITY-9 | ST-ZIP | | | | | Chang | e | |
| TITLE | | ☐ DELETE | 4.1 TITLE | İ | | | | • | Chang | - U Addition | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | | ☐ Chang | e | |
| NAME | | | 52 NAME | | | | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | | ☐ Chang | e | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 63 STREE | T ADDRESS | | | | | | | |
| OFFICER TIP | | | 6.4 CITY-S | T-ZIP | | | | | | | |

14. I hereby certify that the information supplied with this fiting 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, an attachment with an address, with all other like empowered.

SIGNATURE:

RE REGULACO