

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000040455 (6)
1. Corporation Name

SOUTHERN WATERPROOFING AND RESTORATION, INC.



Principal Place of Business

Mailing Address

1837 LIVINGSTONE ST.
SARASOTA FL 34231

1837 LIVINGSTONE ST.
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number

65-0417000

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

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

☐ Yes

☐ No

8. Name and Address of Current Registered Agent

TROFFER, LAWRENCE E
1837 LIVINGSTONE ST.
SARASOTA FL 34231

81 Name

MARYJANE B. TROFFER

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

1837 LIVINGSTONE STREET

83

84 City

SARASOTA

FL

85 Zip Code

34231-7713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mary Jane B. Troffer
Signature, typed or printed name of registered agent and title if applicable

MARYJANE B. TROFFER

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
TROFFER, LAWRENCE E
STREET ADDRESS 5829 COLONIAL OAKS BLVD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME V
TROFFER, THOMAS P
STREET ADDRESS 4146 BLACK POWDER WAY
CITY-ST-ZIP KISSIMEE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ST
TROFFER, MARYJANE
STREET ADDRESS 1837 LIVINGSTONE ST
CITY-ST-ZIP SARASOTA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME C
STEPHENSON, TIMOTHY A.
STREET ADDRESS 1837 LIVINGSTONE ST
CITY-ST-ZIP SARASOTA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

3.4 CITY-ST-ZIP ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Lawrence E. Troffer
Signature, typed or printed name of registered agent and title if applicable

LAWRENCE E. TROFFER

6-30-98 9/11/98

CR2E034 (10/97)