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

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1998	w· . . /	ary of State CORPORATIONS	Secretary	of State
-		00057233 (7)			
DAVID	P. FINTAK ROOFING, IN	IC.			
Principal Plac	e of Business	Mailing Address		I IODDIOGA AKO LOKOB AKAN ODDIN GODIN GODIN GODIN	P
1719 GALE ST 1719 GALE ST					
ENGLEWOOD FL 34223		ENGLEWOOD FL 34223 US		DO NOT WRITE IN THE	S SPACE
00		03		3. Date Incorporated or Qualified	
				08/16/1993	
	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc	26 Suite, Apt. #, etc.		65-0430245	Not Applicable \$8.75 Additional
2	· ·	27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28	Country	Trust Fund Contribution	Added to Fees
Zip 4]	Country 25	Zıp	Country 30	This corporation owes or has paid the a Personal Property Tax due June 30.	current year Intangible
<u> </u>	9. Name and Address of Cu		1301	10. Name and Address of New Registers	
EM	ITAK, DAVID P.		81 Name		· · · · · · · · · · · · · · · · · · ·
1719 GALE ST			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
ENGLEWOOD FL 34223					
			83		
			84 City		85 Zip Code
				F	L
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the 5	'.0502 and 607.1508, Florida Statu State of Florida: Such change was	ites, the above-named c authorized by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	m familiar with, and accept the c	obligations of, Section 607,0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable (NC	TE: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	FINTAK, DAVID P		1.2 NAME		
STREET ADDRESS	1719 GALE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	8 WO TOTAL CUDIC	C OLLETE	2.2 NAME		C change C Abenion
NAME	WOJTCZAK, CHRIS 12129 HELIO'S AVE		2.3 STREET ADDRESS		
STREET ADORESS City+St-Zip	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	FORT OTWINGOTTE PL	DELETE	31 TITLE		Change Addition
NAME		<u></u>	3.2 NAME		· • -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		OELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[] DC(CY	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	61 TITLE		CHANGE CHANGEROR

14. 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

May 01 1998 8:00am