

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90025 046 ***150.00

DOCUMENT # P93000057233

1. Corporation Name

DAVID P. FINTAK ROOFING, INC.

Principal Place of Business

~~1719 GALE ST~~
ENGLEWOOD FL 34223
US

Mailing Address

~~1719 GALE ST~~
ENGLEWOOD FL 34223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

65-0430245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1718 Hudson St
Suite, Apt. #, etc.

2a. Mailing Address

26 1718 Hudson St
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

FINTAK, DAVID P.
1719 GALE ST
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

34223

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 David P. Fintak
Signature, typed or printed name of registered agent and title if applicable.

David P Fintak PRES
(NOTE: Registered Agent signature required when reinstating)

X 1-26-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
FINTAK, DAVID P
STREET ADDRESS 1719 GALE ST
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☒ DELETE
NAME S
WOJTCZAK, CHRIS
STREET ADDRESS 12129 HELIO'S AVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Fintak David P
1.3 STREET ADDRESS 1718 Hudson St
1.4 CITY-ST-ZIP Englewood, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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.

SIGNATURE: David P. Fintak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-26-99 X 941-475-9243
Date Daytime Phone #

CR2E034 (11/98)

0469157