

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**DOCUMENT # P93000073328**

1. Corporation Name

ROOF MASTERS OF PINELLAS, INC.

99 MAR 22 PM 3:31

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business  
10456 66TH ST NO.  
PINELLAS PARK FL 34666

Mailing Address  
10456 66TH ST NO.  
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1993

4. FEI Number

59-3209774

☐ 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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**QUERY, BILLY**  
10456 66TH ST NO  
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name **DAVID B. ZANIOLO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10456 66th St. No.**  
83  
84 City **PINELLAS PARK FL** 85 Zip Code **33782**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature of officer or director of corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **QUERY, BILLY**  
STREET ADDRESS **4048 45TH AVE NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33317**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD**  
12 NAME **ZANIOLO, DAVID**  
13 STREET ADDRESS **7801 66th Ave NO.**  
14 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

*David B. Zanolo, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

546-8783

Daytime Phone if

CR2E034 (11/98)