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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023944

CORNELIS ROOFING, INC.

Principal Place	e of Business	Mailing Address		((00))00; (10 10)() 010)(00)() 00		
4668 HALIFAX [OR .	4668 HALIFAX DR				
PORT ORANGE	FL 32127	PT ORANGE FL 32127		DO NOT WRITE II	N THIS SPACE	
US		US		3. Date Incorporated or Qualifed		
				03/25/1994		{
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied F	or
21		26		59-3231276	Not Appl	icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired	\$8.75 Additio	
22		27		5. Certificate of Citation Debitor	Fee Required	<u> </u>
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May E	
23		28		Trust Fund Contribution	Added to Fee	S
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible ☐ Yes ☐ No	.
24	25		30	Personal Property Tax. 10. Name and Address of New Regi		
	9. Name and Address of Current	Registered Agent	81 Name	IV. Name and Address of New York	otorou rigoni	
COR	NELIS, TERRANCE				- -	
	DUNCAN-ROAD-		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
SOU	TH-DAYTONA FL 32127		83	8 THER TIPE DATE		
					T-1 - 4 4	
			84 City 70	RTORANGE	FL 85 Zip Code	7
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the pur	oose of changing its regist	ered
	and the Chair of the Chair of the Chair of	APRIL 2.1 October 18 and 18 an				
office or re	egistered agent, or both, in the State C	or Florida. Such change was autions of Section 607 0505. Flori	monzeo by me corporati da Statutes.	on's board of directors. I hereby accept the	e appointment as registere	ed
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	on's board of directors. I hereby accept the		
office or re agent. I a	m familiar with, and accept the obligation of the college of the c	jons of, Section 607.0505, Flori	da Statutes.	RECIDENT ad when reinstating)	MUARY 6, 199	9
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP