## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040611

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90011 017 \*\*\*550.00

813-623-5788

| COAST TO COAST ROOFING INC. OF TAMPA BAY   |  |                                   | ( 1881) 881 HE (871) BOOK BEIG BEIG BEIG BEIG                            | ini <b>818</b> 11 88118 81188 11881 11881 1188 |  |
|--|--|-----------------------------------|--|--|--|
|  |  |                                   |  |  |  |
| Principal Place  | of Business Mailing Address  |                                   | 1 1901(88) (10 10)(1 010)( 00)(1 30)(1 03)(1 0                           |  |  |
| 5126 CLEWIS A  | AVE 5126 CLEWIS AVE  |                                   |  |  |  |
| TAMPA FL 33610 TAMPA FL 33610  |  |                                   | DO NOT WRITE IN THIS SPACE   |  |  |
| US   | US   |                                   | 3. Date Incorporated or Qualified  | IS SPACE                                       |  |
|  |  |                                   | 05/31/1994   | ł  |  |
| 2. Principal Pla   | ace of Business 2a. Mailing Address _  | 1 - 1                             | 4. FEI Number  | Applied For                                    |  |
| 21 951   | 5 US Hwy. 92 26 7302 La  | ahousi Rd                         | 59-3247017   | Not Applicable                                 |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                                   | 5. Certificate of Status Desired   | \$8.75 Additional ~                            |  |
| 22   | 27   |                                   | 5. Continents of Cartas Desires  | Fee Required                                   |  |
| City & State   |  |                                   | 6. Election Campaign Financing   | \$5.00 May Be                                  |  |
| 23 Tampa, ti. 28 Mant Lify   |  | Cavata                            | Trust Fund Contribution  | Added to Fees                                  |  |
| Zip 24 33610 25 U.S.A 29 33565 30  |  | Country<br>30 USA-                | This corporation owes the current year     Intangible Personal Property. | ∏Yes ∏No                                       |  |
| 24 326   | g, Name and Address of Current Registered Agent                                | 30 4 311                          | 10. Name and Address of New Registere                                    |  |  |
| 81 Name ( ` ( \ )  |  |                                   |  |  |  |
| YOUNG, TIMOTHY W   |  |                                   | oung troop is Not Associated a   |  |  |
| 5126   | 6 CLEWIS AVE   | 82 Street Ad                      | 82 Street Address (P.O.Box Number is Not Acceptable)                     |  |  |
| TAMPA FL 33610   |  | 83                                | 3  |  |  |
|  |  | 84 City                           |  | . 85 Zip Code                                  |  |
| .1, •  |  |                                   | lant City F  | L   33565_                                     |  |
| 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.  |  |                                   |  |  |  |
| SIGNATUŔE _  | Charles OB Mance   | mothy W.                          | Joung 1-   | 1-99   |  |
| Signature, typed or printed name of registered agent and title applicable. (NOTE:  |  | OTE: Registered Agent signature r | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |  |
| 12.  | OFFICERS AND DIRECTORS  PST  DELETE  | 13.<br>1.1 TITLE                  |  | Change Addition                                |  |
| TITLE  | VOUNC MELICON  | 1.2 NAME                          | 'Loung, Mel155a  |  |  |
| NAME<br>CTREET ADDRESS   | 5120 CLEWIS AVE 7302 Loghouse Rd   | 1.3 STREET ADDRESS                | 7302 Loghouse Re   | <i>j</i> ,                                     |  |
| STREET ADDRESS CITY-ST-ZIP   | TAMPARL Plant City, Ft.  | 1.4 CITY-ST-ZIP                   |  | 565  |  |
| TITLE  | D 33565 DELETE   |                                   | <u> </u>   | L-enange Addition                              |  |
| NAME   | VALIDO TIDATUV W   | 2.2 NAME                          | young Timothy W<br>Loghouse Re   | ( -  |  |
| STREET ADDRESS   | 5126 CLEWS AVENUE 7302 Loghouse Rd   | 2.3 STREET ADDRESS                | many Connoce it  |  |  |
| CITY-ST-ZIP  | TAMPA FL 33610 Plant City FL.  | 2.4 CITY-ST-ZIP                   | Plant City, FL 335   | 36 7   |  |
| TITLE  | 33565 ' DELETE   | 3.1 TITLE                         |  | Change Addition                                |  |
| NAME   |  | 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   | ä  | 4.2 NAME                          |  | į  |  |
| STREET ADDRESS   | 7)   | 4.3 STREET ADDRESS                |  | ,  |  |
| CITY-ST-ZIP TITLE  | DELETE   | 4.4 CITY-ST-ZIP<br>5.1 TITLE      |  | Change Addition                                |  |
| NAME   | [] DELETE  | 5.2 NAME                          |  | Change   |  |
| STREET ADDRESS   |  | 5.3 STREET ADDRESS                |  | ļ  |  |
| CITY-ST-ZIP  |  | 5 4 CITY-ST-ZIP                   |  |  |  |
| TITLE  | DELETE   | 6.1 TITLE                         |  | Change Addition                                |  |
| NAME   |  | 6.2 NAME                          |  |  |  |
| STREET ADDRESS   |  | 6.3 STREET ADDRESS                |  |  |  |
| CITY-ST-ZIP  |  | 6.4 CITY-ST-ZIP                   |  |  |  |
| 14. I hereby ce  | ertify that the information supplied with this filing does not qualify for the |                                   |  |  |  |
| 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. |  |                                   |  |  |  |