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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051513

1. Corporation Name

Principal Place of Business

BAYSIDE ROOFING, INC.

9014 63RD AVE BRADENTON FL US		9014 63RD AVE. EAST BRADENTON FL 34202						3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/12/1994							
2. Principal P	lace of Business	2a. Mailing Address					4	4. FEI Nu mber					App ied For			
21			26						<u>65-(</u>	<u>)520209</u>						Applicable
Suite, Art. #, etc.			Suite, Apt. #, etc.					•	5. Certi	for te of Sta	itus Desir	ed [ditional
22			27												e Req	
City & State	е		City	/ & State				€		ion Campa	_	cing [7 -	.00 A	
23			28						_	F und Con					ded to	rees
Zip	Coun	1ry	Zip			intry		8		co poration		e curren	t year Int	angible ☐ Yes		≱Ko
24	25		29		30					on il Prope		lau Bac	viotoro d			
	9. Name and Add	ess of Current	Registere	d Agent		81	Name		u. Nam	e and Add	ress of r	iew reg	Jistere 1	Agent		
IΔI	KMAN, JAMES D.P.	Λ				"	INDITE	,								
90 14 632 AVE. E. BRADENTON FL 34209					82	Stree	t Ad tress	d fress (P.O. Box Number is Not Acceptable)								
						83										
						84	City							85	Zip Ca	.de
	to the provisions of Se						- 1						FL	<u>. </u>		
SIGNATURE	m familiar with, and ac	e of registered agent :	nd title if appli	cable. (NO	TE · Registered			edw ber upen		ng) FIC NS/CH/	NICES T	O OFFI	DATE CERS (N	ID DIRE	CTOE	
12.		OFFICERS AND	DIRECTO		13.			T	ADDI	IIC NS/CH/	ANGES I	OOFFIC	JERS F.IV			Addition
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NAME	GARCIA, JOHN				1.2 N			Ì								
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ALANE .					6.2 N	AME										

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or riffy that the information indicated on this annual report or supplemental a mual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

NAME

STREET ADDRES 3