

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

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

02-11-1999 90043 038 \*\*\*\*150.00

**DOCUMENT # P94000063045**

1. Corporation Name  
**REED ROOFING COMPANY**



Principal Place of Business: **2941 22ND AVENUE SOUTH ST. PETERSBURG FL 33712**  
 Mailing Address: **2941 22ND AVENUE SOUTH ST. PETERSBURG FL 33712**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc. [ ]  
 City & State [ ]  
 Zip [ ] Country [ ]  
 2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc. [ ]  
 City & State [ ]  
 Zip [ ] Country [ ]

3. Date Incorporated or Qualified  
**08/22/1994**  
 4. FEI Number  
**59-3278448** 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  
 7. Trust Fund Contribution   
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**REED, RUDOLPH**  
**2941 22ND AVENUE SOUTH**  
**ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent  
 81 Name [ ]  
 82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
 83 [ ]  
 84 City [ ] 85 Zip Code [ ] **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, RUDOLPH</b>	
STREET ADDRESS	<b>2941 22ND AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, TODD S</b>	
STREET ADDRESS	<b>2941 22ND AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address with all other like empowered.

SIGNATURE: **Rudolph Reed** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)