CR2E034 (11/98)

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| 1999 DIVISION OF CORPORATIONS | | | | | |
|--|---|--|---------------------------------------|--|--|
| i. Corporation | MENT # P94000('S ROOFING AND AIR CONT | | | E REGIONAL FOR MAINLE CHAIN ARMIN ALGUN ACHTH AC | ATO BANGO ARANG KORAN BURNA BANG ARAN ARAN |
| | | | <u> </u> | | |
| Principal Place of Business | | Mailing Address | | | |
| 2591 VERMONT WEST MELBOU | | 2591 VERMONT ST WEST MELBOURNE FL 32904 | 1 | | |
| MESI WELDON | HNE FL 32904 | WEST MELDOURNE PL 38.304 | | DO NOT WRITE IN TH | IS SPACE |
| | | | | 3. Date Incorporated or Qualifed 09/12/1994 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Apr lied For |
| 21 | | 26 | | 59-3320627 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 A Iditional |
| 22 | | 27 | | | Fee Required |
| City & State | Э | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Cour try | | Country | This corporation owes the current year | |
| 24 | 25 | 29 3 | ¬ ' | Persor al Property Tax. | ☐ Yes ☑ No |
| 24 | 9. Name and Address of Current | | | 10. Name and Address of New Register | d Agent |
| | | | 81 Name | | |
| TRACHTMAN AND HENDERSON, P.A. 82 Street Ac | | | 82 Street Ac dr | ress (P.O. Box Number is Not Acceptable) | |
| | W NEW HAVEN AVE | | | | |
| MEL | BOURNE FL 32904 | | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| | 607 0500 | and COT 1500 Florida Ctatulada | the above named of the | oration submits this statement for the purpose | |
| office cra | egistered agent, or both, in the State c | f Florida. Such change was autt | norized by the corporation | on's board of cirectors. I hereby accept the ap | contract as reg stered |
| _ | m familiar with, and accept the obligati | ons of, Section 607.0505, Florid | a Statutes. | | |
| SIGNATURE | Signature, typed or printed na ne of registered agent | and title if applicable. (NOT :: R | egistered Agent signature require | d when reinstating) DATE | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PARKER, ROBERT H | | 1.2 NAME | | |
| STREET ADDRESS | 2591 VERMONT ST | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | DELETE | 1.4 CITY-ST-ZIP | | Change Addition |
| TITLE | D Parker, Barry L | Doctor | 2.1 () LE | | |
| NAME STREET ADDRESS | 2591 VERMONT ST | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| NAME | PARKER, ROBERT L | | 3.2 NAME | | |
| STREET ADDRESS | 2591 VERMONT ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRE 3S | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | □ DELETE | 51 TITLE | | Change Addition |
| NAME | | | 52 NAME | | - |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| 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 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 recuired 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: Schedillorker Rob

Daytime Phone #