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

Mailing Address P.O. BOX 481

DESTIN FL 32540-0481

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004443**

Principal Place of Business

P.O. BOX 481

DESTIN FL 32540-0481

WATERPROOFING SPECIALTIES, INC.

							3. Date Incorporated or Qualifed 01/30/1995		•	
2 Dringing D	lace of Business	2a Mailir	ng Address				4. FEI Number		An	plied For
	ace of business	$\overline{}$	ig Address				59-3283454		ļ 	t Applicable
Suite, Apt.	# atc	26 Suite	, Apt. #, etc.				00 0200101	<u>~</u>	\$8.75 A	
22 Suite, Apr.	#, 6t0.	27					5. Certifcate of Status Desired	<u> </u>	Fee Re	
City & State	е	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution Added to Fees			
Zip	Country Zip			Cour	Country		8. This corporation owes the curre	nt year Inta		_
24	25 29 3			30	0		Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
ROORDA, ALTON J 202 BENT ARROW DESTIN FL 32541					81 82 83	Name Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
					84	City		FL	85 Zip C	ode
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	Signature, typed or printed name of registered agent a	- 4 (4) - 16 of local	NOTE:	Donistored	Accel	t signature required	uban reinstation	DATE		
12.	OFFICERS AND			13.	- Again	signature required	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PSD	DIRECTOR	☐ DELETE	1.1 TIT	î F				Change	RS IN 12
	ROORDA, ALTON J			1.2 NA						
NAME	202 BENT ARROW					ADDRESS				
STREET ADDRESS	DESTIN FL 32541			1						
CITY-ST-ZIP			Operate	1.4 CIT		1-ZIP			☐ Change	Addition
TITLE	TD	Se .	☐ DELETE	2.1 TIT					onlings	
NAME	VAUGHAN, CYNTHIA			2.2 NA						
STREET ADDRESS	202 BENT ARROW			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541			2. 4 CI		T-ZIP			Change	Addition
TITLE			☐ DELETE	3.1 TIT	lΕ				Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. CI	TY-\$	T- ZIP				
TITLE			☐ DELETE	4.1 TR	lΕ				Change	☐ Addition
NAME				4. 2 N	ME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-ST	r-ZIP				
TTILE			☐ DELETE	5.1 π	ILE				☐ Change	☐ Addition
NAME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET	ADDRESS				}
				5.4 CI	TY-ST	T-ZIP				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TR	rLE.		<u></u>		Change	☐ Addition
NAME				6.2 NA	ME					
				II.		ADDRESS				
STREET ADDRESS				6.4 CF						
CITY-ST-ZIP	certify that the information supplied with	this filing do	es not qualify for	the exe	moti	on stated in S	ection 119.07(3)(i), Florida Statutes. I	further cert	ify that the ir	nformation
	on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed, or on an attachr									

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90071 042 ***158.75



DO NOT WRITE IN THIS SPACE

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