


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90101 019 ***163.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051868

1. Corporation Name
GULF SIDE ROOFING TRI COUNTY, INC



Principal Place of Business 13450 PONDEROSA WAY FT MYERS FL 33907	Mailing Address 13450 PONDEROSA WAY FT MYERS FL 33907
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7171 PENZANCE Blvd		2a. Mailing Address 26 7171 PENZANCE Blvd		3. Date Incorporated or Qualified 06/29/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0602375
City & State 23 FT. MYERS, FL		City & State 28 FT. MYERS, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33912		Zip 29 33912		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent KIELY, DEREK P 13450 PONDEROSA WAY FT MYERS FL 33907				10. Name and Address of New Registered Agent		
				81 Name Kiely, DEREK P.		
				82 Street Address (P.O. Box Number is Not Acceptable) 7171 PENZANCE Blvd		
				83		
				84 FT. MYERS	85 FL	86 Zip Code 33912

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELY, DEREK P	1.2 NAME	
STREET ADDRESS	13450 PONDEROSA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ALLAN W	2.2 NAME	
STREET ADDRESS	13450 PONDEROSA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALEONSOUK, SISOUPHANH	3.2 NAME	
STREET ADDRESS	20800 JAMIE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELY, DAWN M.	4.2 NAME	
STREET ADDRESS	13450 PONDEROSA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Dawn M. Kiely Secretary Dawn Kiely 4/9/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)