

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90152 035 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000080117

1. Corporation Name

CHARLES ROOFING OF SOUTH FLORIDA, INCORPORATED



Principal Place of Business

**8420 ULMERTO RD
 SUITE 468
 LARGO FL 34641
 US**

Mailing Address

**8420 ULMERTO RD
 SUITE 468
 LARGO FL 34641
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

59-3340476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHITEMORE, ROBERT J MR
 14573 110TH TERRACE NORTH
 LARGO FL 34644**

10. Name and Address of New Registered Agent

81 Name **Mr Robert J Whitemore**
82 Street Address (P.O. Box Number is Not Acceptable)
14800 Walsingham Rd # 1206
83
84 City **Largo** **FL** **85** Zip Code **33774**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WHITEMORE, ROBERT J MR**
 STREET ADDRESS **14800 WALSINGHAM RD., #1206**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **VP** ☐ DELETE

NAME **WHITEMORE, ROBERT J**
 STREET ADDRESS **14800 WALSINGHAM RD. #1206**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **T** ☐ DELETE

NAME **MIKLON, MIKE MR**
 STREET ADDRESS **3499 ADRIAN AVENUE**
 CITY-ST-ZIP **LARGO FL 34644**

TITLE **S** ☒ DELETE

NAME **BLASINGIM, JAMES**
 STREET ADDRESS **1900 67TH AVENUE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Brian Moore**
 4.3 STREET ADDRESS **3098 46th Ave N**
 4.4 CITY-ST-ZIP **St. Petersburg, FL 33714**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Whitemore **4-23-99** **727-530-7701**

Date

Daytime Phone #

CR2E034 (11/98)