

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000085237 (2)**  
 1. Corporation Name  
**STAY-DRY ROOFING OF TAMPA BAY INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3519 E BROADWAY AVE TAMPA FL 33605 US</b>		Mailing Address <b>3519 E BROADWAY AVE TAMPA FL 33605 US</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/06/1995</b>	4. FEI Number <b>59-3359416</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country		

**9. Name and Address of Current Registered Agent**

**FLORES, DENNIS  
3519 E BROADWAY AVE  
TAMPA FL 33605**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>FLORES, DENNIS R</b>	
STREET ADDRESS	<b>3519 E BROADWAY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KEENE, JOHN D</b>	
STREET ADDRESS	<b>3519 E BROADWAY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, MIKE</b>	
STREET ADDRESS	<b>3519 E BROADWAY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TOP</b>	<input type="checkbox"/> DELETE
NAME	<b>FLORES, DENNIS R</b>	
STREET ADDRESS	<b>3519 E BROADWAY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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 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 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ **2-3-98**

CP2E034 (1097)