

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90067 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000085237**

1. Corporation Name
STAY-DRY ROOFING OF TAMPA BAY

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 3519 E 7TH AVE		26 3519 E 7TH AVE		11/06/1995		59-3359416		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		8.75. Additional Fee Required	
22		27		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75	
23 City & State TAMPA FL		28 City & State TAMPA FL		6. Election Campaign Financing Trust Fund Contribution		8.75. Additional Fee Required		\$5.00 May Be Added to Fees	
24 Zip 33605		29 Zip 33605		30 Country		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name FLORES DENNIS				82 Street Address (P.O. Box Number is Not Acceptable) 3519 E 7TH AVE			
83				84 City TAMPA			
85 Zip Code FL 33605							

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DPT FLORES, DENNIS R
STREET ADDRESS		1.3 STREET ADDRESS	3519 E 7TH AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA FL 33605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Keene, JOHN D
STREET ADDRESS		2.3 STREET ADDRESS	3519 E 7TH AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33605
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	thomas mike
STREET ADDRESS		3.3 STREET ADDRESS	3519 E 7TH AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA FL 33605
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	RONALD KIRK JR
STREET ADDRESS		4.3 STREET ADDRESS	7901 SINGING CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FL 33615
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: **Dennis Ronald Flores - President** 2-26-99 (813) 248-1723
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034(11/98)