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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90161 003 ***150.00

DOCUMENT	#.	PC	360	00	00	09	1	30
4 Corporation Name				_		-	•	-

BOULAIS ROOFING COMPANY

Principal Place	e of Business	Mailing Address				,	actic mails Build	-4:2:11944	9911 1981
7160 CARILLON	1 AVE	7160 CARILLON AVE							
COCOA FL 329		COCOA FL 32927							
U\$	•	US)	DO NOT WRITE	IN THIS SPA	ACE	
					J	3. Date Incorporated or Qualifed			
						01/26/1996			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
1		26				59-3377233			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		8.75 A Fee Re	
2[<u> </u>	27 Cit. 8 State				<u> </u>			<u> </u>
City & State	<u> </u>	City & State			تت	6. Election Campaign Financing Trust Fund Contribution		Added to	May Be
23		28		<u></u>					o rees
Zip	Country	Zip	Cou	nuy		8. This corporation owes the current	• —		⊡No
4	25	29	30			Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Curren	it Registered Agent		81 Name			Jistereu Ago		
ROU	ILAIS, JOSEPH C		Ì	1		lais, Joseph C.			
	CARILLON AVE			82 Street		s (P.O. Box Number is Not Acceptabl	e)		-
	OA FL 32928		ì		7160	<u>) Carillon Avenue</u>			
000	OA 1 E 02020			83					
			ļ	84 City			8	35 Zip C	ode
				1 -	Coco	oa. ation submits this statement for the pu		329	27
SIGNATURE	Signature typed or printed name of registered ager	nt and title if applicable. (NO	1	O SEP 14 Agent signature o	$\mathcal{C}\mathcal{N}$		9-34-	-99	
12.	_ 	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TTLE	0	□ DELETE	1.1 177	Œ	ען פאר דיירי	lois Issoph C	£.,] Change	☐ Addition
NAME	BOULAIS, JOSEPH C		1.2 NA	ME	I	lais, Joseph C.			
STREET ADDRESS	7160 CARILLON AVE		1.3 ST	REET ADDRESS		Carillon Avenue			1
CITY-ST-ZIP	COCOA FL		1.4 CIT	Y-ST-ZIP	Coco	oa, F1. 32927			
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CITY-ST-ZIP			2. 4 Cf	TY-ST-ZIP	<u> </u>				
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í				Y-ST-ZIP	l				{
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-			6.2 NA		1		-		
NAME			•	REET ADDRESS]				ļ
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		0.351	WEET MUDICESS	1				

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: