

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

DOCUMENT # P96000050357

1. Corporation Name

COOPER ROOFING AND CONSTRUCTION, CO.

Principal Place of Business

1186 SE SABINA LANE  
PORT ST. LUCIE FL 34983

Mailing Address

1186 SE SABINA LANE  
PORT ST. LUCIE FL 34983

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90073 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

65-0681974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 265 SW ROAD ST LUCIE BLVD.  
27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

COOPER, ROBERT G  
1186 SE SABINA LANE  
PORT ST. LUCIE FL 34983

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

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	D	<input type="checkbox"/> DELETE
NAME	COOPER, ROBERT G	
STREET ADDRESS	1186 SE SABINA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, PIERRE J	
STREET ADDRESS	1186 SE SABINA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLIKAN, STEVEN	
STREET ADDRESS	1186 SE SABINA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOPER, BRENDA K.	
STREET ADDRESS	1186 SE SABINA LN	
CITY-ST-ZIP	PT ST LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, CHARLES J.	
STREET ADDRESS	1186 SE SABINA LN	
CITY-ST-ZIP	PT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT G. COOPER.	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (561) 871-9405

CR2E034 (1/98)