**FILED** 

Mar 01, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600093655

1. Corporation Name

IDEAL ROOFING SYSTEMS, INC.

Principal Place	e of Business	Mailing Address			-	•			
3500 FAIRLAND FARMS RD		3500 FAIRLANE FARMS RD			ĺ				
SUITE 13		SUITE 13							
WELLINGTON FL 33414		WELLINGTON FL 33414			\	DO NOT WRITE IN THIS SPACE			
US		US			•	Date Incorporated or Qualif	ed `		ĺ
						11/15/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				FEI Number		Api	plied For
21		26				65-0722144		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	Additional
<del>_</del>		27			5.	Certifcate of Status Desired		Fee Re	
City & State		City & State			=== =			\$5:00	
City & State					1 **	Election Campaign Financia Trust Fund Contribution	<sup>rg</sup> $\square$	Added to	
23		28	Caunta						01663
<sup>Zip</sup>	Country	Zip	Country	у		This corporation owes the c	current year int		□No
24	25	<del></del>	30			Personal Property Tax.	<b>5</b>		LINO
	9. Name and Address of Currer	nt Registered Agent				Name and Address of Ne	w Kegisterea	Agent	
			81	l Name	1				
BOYUM, STEVEN P			82	Street	Address (P	O. Box Number is Not Acce	entable)		
2653 YARMOUTH DRIVE			"-	Ollege	, , , , , , , , , , , , , , , , , , ,	O. BOX (1011001 10 1101 1001	plaoloy		
WELL	LINGTON FL 33414		83	3					
			L.						
			84	City	_		FI	85 Zip C	Code
44 👨	to the provisions of Sections 607.050	23 and 607 1509 Florida Statuta	e the abou	/e-named	1 cornoration	submits this statement for t	the nurnose of	changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	y the corp	oration's boa	ard of directors. I hereby ac	cept the appoi	ntment as reg	gistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	S.				•	
CICNATURE									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age		Registered Age	ent signature	required when re		DATE		
12.		ND DIRECTORS	13.	ent signature	A	DDITIONS/CHANGES TO			
			<del>-</del>	ent signature	Pres.	DDITIONS/CHANGES TO		ND DIRECTO	PRS IN 12
12	OFFICERS AN	ND DIRECTORS	13.		Pres.	DDITIONS/CHANGES TO			
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12. TITLE NAME STREET ADDRESS	OFFICERS AN PTD BOYUM, STEVEN P 2653 YARMOUTH DRIVE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET AODRESS	Pres.	DDITIONS/CHANGES TO F Trea. M, STEUEN P			
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AN PTD BOYUM, STEVEN P 2653 YARMOUTH DRIVE WELLINGTON FL 33414	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ET AODRESS	Pres Boyun	DDITIONS/CHANGES TO F Trea. M, STEUEW P . e		Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTD BOYUM, STEVEN P 2653 YARMOUTH DRIVE WELLINGTON FL 33414 PTVS	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ET AODRESS ST-ZIP	Pres. Boyund Sam	DDITIONS/CHANGES TO IT Trea. M, STEVEW P C C res + Se C	OFFICERS AN		☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD BOYUM, STEVEN P 2653 YARMOUTH DRIVE WELLINGTON FL 33414 PTVS BOYUM, STEVEN P	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET AODRESS ST-ZIP	Pres. Boyund Sam	DDITIONS/CHANGES TO IT Trea. M, STEVEW P C C res + Se C	OFFICERS AN	Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STeven