Apr 14, 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 # P97000044890

1. Corporation Name

SUTTER ROOFING CO. OF SOUTHWEST FLORIDA

Principal Place	of Business	Mailing Address								
2945 WALPEAR	ST	1763 APEX RD								
FT MYERS FL 3	33916	SARASOTA FL 34240				•	DO NOT WR	HTE IN THIS	CDACE	
US		US				a Deta laces			SFACE	
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		The Administration of the Control of				05/15/19 4. FEI Number				antiod For
	ace of Business	2a. Mailing Address				4. FEI Number	_	٠ -		pplied For lot Applicable
21		26 Suite Ant # etc			05.01.00	120			Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired			Additional Required
22		27								
City & State		City & State				ampaign Financing	' □		May Be	
23		28	Countr				I Contribution			to Fees
Ζip				ry		1 -	ration owes the cur	rrent year Int	angible Yes	□No
24	25	<u></u>	30			<u> </u>	Property Tax.	D-eletorod		
	9. Name and Address of Current	Registered Agent		41 6		10. Name and	Address of New	Registereu	Agent	
ė m	TO OTENHEN E		8	ין וי	Name					Î
SUTTER, STEPHEN F		82 Street		Street Addres	ss (P.O. Box Nu	mber is Not Accep	table)			
,	APEX ROAD									
SAH	ASOTA FL 34240		8:	3						
			84	4	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s. the abo	ve-n	named corpo	ration submits th	is statement for the	e purpose of	changing it	s registered
l office or re	egistered agent, or both, in the State o	if Florida. Such change was aut	thorized b	iy the	e corporation	n's board of direc	ctors. I hereby acce	ept the appoi	ntment as r	registered
agent. i ai	m familiar with, and accept the obligati	ons of, Section our Jour, Fluid	da Statute	3S.					•	
SIGNATURE	Clearly hand or printed name of registered agent	and title if englishing (NOTE: F	Penistered An	ent sic	nature required	when reinstating)		DATE		
Signature, typed or printed name of registered agent an 12 OFFICERS AND I				· · · · · · · · · · · · · · · · · · ·						
12	OFFICERS AND	DIRECTORS	13.			ADDITIONS	CHANGES TO O	FFICERS AN	ND DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE			ADDITIONS	S/CHANGES TO O	FFICERS AN	D DIRECT Change	
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6.4 CITY-ST-ZIP

SIGNATURE:

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 of 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 changing or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)