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 # P97000052045

Principal Place of Business	Mailing Address
9735 ALABAMA AVENUE NORTHEAST	3735 ALABAMA AVENUE NORTHEAST
ST PETERSBURG FL 33703	ST PETERSBURG FL 33703

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90060 042 ***150.00

	EY ROOFING, INC.							
Principal Plac	ce of Business	Mailing Address	•		1 10011001 110 1011 1011 1011 1011	DIN ED EN BOID	11011 00 1	11 01001 1111 1111
•	A AVENUE NORTHEAST	3735 ALABAMA AVENUE N	ORTHEAST	r				
ST PETERSBURG FL 33703 ST PETERSBURG FL 33703					DO NOT WRITE IN THIS SPACE			
						·	SPACE_	·-· · · · · · · · · · · · · · · · · · ·
					 Date Incorporated or Qualifed 06/12/1997 	•		
2 Principal I	Place of Business	2a. Mailing Address			4. FEI Number		1 1	Applied For
	ABOUE	26 AS ABO	NE.		59-3454087			lot Applicable
Suite, Apt		Suite, Apt. #, etc.						Additional
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certifcate of Status Desired	□.		Required
City & Sta	ite -	City & State			6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		•	to Fees
Zip	. Country	Zip	Coun	try	8. This corporation owes the cur	rent year Inta	ngible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren				10. Name and Address of New	Registered A	gent	
co	NI ON CHADIES D	A 7 21/28 F 1527		81 Name			•	
	NLON, CHARLES P 5 ALAMBAMA AVE NE			32 Street A	ddress (P.O. Box Number is Not Accep	table)		
	CENTRAL AVENUE		_				2 #V.	2176. 41. 114.
	PETERSBURG FL 33703		[B3				
. JI	retendeund re 33703		- -	84 City		Algebra (Benga) - Algebra (Algebra) Ann - Algebra (Algebra) - Algebra (Algebra)	85 Zip	Code
Mark K. S. Land	E KARNESS ASSESS A V	remove the services of the		1	orporation submits this statement for the ation's board of directors. I hereby acce	<u> </u>	1 1 '	
agent. i a	ann remninen man, enne ente-prime eenge	tions of, Section 607.0505, Flo	rida Statul	es.				
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	:: Registered A	es.	uired when reinstating)	DATE	-	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	:: Registered A	es. gent signature req	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE	Registered A	es. gent signature req	uired when reinstating)	DATE	-	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D CONLON, CHARLES P	at and title if applicable. (NOTE D DIRECTORS	Registered A 13. 1,1 TITL 1.2 NAM	gent signature req	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORT	at and title if applicable. (NOTE D DIRECTORS	: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature req	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORT	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	gent signature req E IE EET ADDRESS	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D	at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	gent signature req E E E E E E E E F ST-ZIP E	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST	### 13. 1.1 TITL. 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	es. gent signature req E IE EET ADDRESS '-ST-ZIP E	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NOR	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	gent signature req E IIE EEET ADDRESS '-ST-ZIP E IEEET ADDRESS	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	EET ADDRESS C-ST-ZIP EET ADDRESS Y-ST-ZIP	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NOR	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.1 T	gent signature req E IE EEET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E	ruired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	gent signature req E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E	nuired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	gent signature req E E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS EET ADDRESS	nuired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	nt and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	gent signature req E IE EEET ADDRESS '-ST-ZIP E EET ADDRESS EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	It and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITM 3.4 CITM 3.4 CITM 3.5 TITM 3.5 TITM 3.7 NAM 3.7 STR 3.4 CITM 3.7 STR 3	gent signature req E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	It and title if applicable. (NOTE D DIRECTORS DELETE THEAST DELETE THEAST DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	gent signature req E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORI ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORI ST PETERSBURG FL 33703	THEAST DELETE THEAST DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.1 TITL 4.2 NAM 4.3 STR	gent signature req E E E E E E E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	THEAST DELETE THEAST DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.1 TITL 4.2 NAM 4.3 STR	gent signature req E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	THEAST DELETE THEAST DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 4.3 STR 4.4 CITM	gent signature req E E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703	THEAST DELETE THEAST DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 4.1 CITN 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAN	gent signature req E E EET ADDRESSST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NOR ST PETERSBURG FL 33703	THEAST DELETE THEAST DELETE THEAST DELETE THEAST	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 4.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAN 5.3 STR	gent signature req E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	THEAST DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 4.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAN 5.3 STR	gent signature req E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	DIRECT Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	THEAST DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAN 5.3 STR 5.4 CITN 5.4 CITN 5.4 CITN 5.5 CITN 5.5 CITN 5.5 CITN 5.6 CITN 5.7 CITN 5	gent signature req E IE EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D CONLON, CHARLES P 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703 D CONLON, DENISE 3735 ALABAMA AVENUE NORS ST PETERSBURG FL 33703	THEAST DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 4.3 STR 4.4 CITN 4.2 NAM 4.3 STR 4.4 CITN 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	gent signature req E IE EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E	uired when reinstating) ADDITIONS/CHANGES TO OI	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition

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:

01-12-99-727-521-7272 Date Dayline Phone #