


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000053745

1. Corporation Name

WINEBARGER ROOFING, INC.

Principal Place of Business

537 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

Mailing Address

537 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

59-3462420

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 508 S. Plumosa St, Suite B
Suite, Apt. #, etc.

22 B

City & State

23 Merritt Island, Florida

Zip

24 32952

Country

25 Brevard

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

SHAHER, HULEN
537 N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name Donald Woodington

82 Street Address (P.O. Box Number is Not Acceptable)

165 Brandy Lane

83

84 City Merritt Island

FL

85 Zip Code
32952

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



(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAHER, HULEN	
STREET ADDRESS	537 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODINGTON, DONALD	
STREET ADDRESS	537 N COURTENAY PARKWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Donald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Woodington, Donald	
1.3 STREET ADDRESS	165 Brandy Lane Merritt Isl. FL 32952	
1.4 CITY-ST-ZIP		

2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Angle, David	
2.3 STREET ADDRESS	518 Kenwood Ave.	
2.4 CITY-ST-ZIP	Merritt Island, Florida 32952	

3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Little, Linda	
3.3 STREET ADDRESS	3017 Sea Gate Circle	
3.4 CITY-ST-ZIP	Merritt Island, Florida 32953	

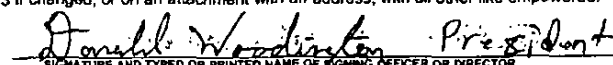
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 407-453-7259

CR2E034 (1/88)