


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA7000067482</u>			
1. Corporation Name <u>Coastal Roofing of Manatee + Sarasota</u>			
Principal Place of Business		Mailing Address	
<u>4616 34th Ave E Bradenton, FL 34208</u>			
2. Principal Place of Business		2a. Mailing Address	
21 <u>4616 34th Ave E.</u>		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 <u>Bradenton FL</u>		28	
Zip		Zip	
24 <u>34208</u>		25 <u>Manatee</u>	
Country		Country	
29		30	
9. Name and Address of Current Registered Agent			
81 Name <u>Billy E Brooks</u>			
82 Street Address (P.O. Box Number is Not Acceptable) <u>4616 34th Ave E.</u>			
83			
84 City <u>Bradenton</u> FL 85 Zip Code <u>34208</u>			
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 <u>Billy E Brooks</u>		DATE <u>4/22/98</u>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
12. OFFICERS AND DIRECTORS			
1.1 TITLE <u>President</u> <input checked="" type="checkbox"/> DELETE			
1.2 NAME <u>Cecil Richerson</u>			
1.3 STREET ADDRESS <u>101 21 Street E</u>			
1.4 CITY - ST - ZIP <u>Bradenton FL 34208</u>			
2.1 TITLE <u>Sec + Treasury</u> <input checked="" type="checkbox"/> DELETE			
2.2 NAME <u>Judy A Brooks</u>			
2.3 STREET ADDRESS <u>4616 34th Ave E</u>			
2.4 CITY - ST - ZIP <u>Bradenton FL 34208</u>			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME <u>Billy E Brooks</u>			
1.3 STREET ADDRESS <u>4616 34th Ave E</u>			
1.4 CITY - ST - ZIP <u>Bradenton FL 34208</u>			
2.1 TITLE <u>Vice President + Treasury</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME <u>James Hicks</u>			
2.3 STREET ADDRESS <u>218 22 St E</u>			
2.4 CITY - ST - ZIP <u>Bradenton, FL 34208</u>			
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 on an attachment with an address.			
SIGNATURE: <u>Billy E Brooks</u>		DATE <u>4/22/98</u> 941-7460175	
Signature and typed or printed name of signing officer or director		Date Day/mo/Phone #	

CR2E034 (10/97)