

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90098 011 ***150.00

DOCUMENT # P98000031777

1. Corporation Name
ROOF BRITE OF WEST VOLUSIA CTNY., INC.

Principal Place of Business
498 NASH LANE
PORT ORANGE FL 32127

Mailing Address
498 NASH LANE
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

59-3504043

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 209 S. Orange Ave

Suite, Apt. #, etc.

22

City & State

Deland FL

Zip

32720

Country

USA

2a. Mailing Address

26 209 S Orange Ave

Suite, Apt. #, etc.

27

City & State

Deland FL

Zip

32720

Country

USA

9. Name and Address of Current Registered Agent

GAGNIER, MARY L
498 NASH LANE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name Gagnier, Rene John

82 Street Address (P.O. Box Number is Not Acceptable)
209 S. Orange Avenue

83

84

City Deland

FL

Zip Code

32720

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 Rene John Gagnier Director

4-12-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME GAGNIER, MARY L
STREET ADDRESS 498 NASH LANE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
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CITY-ST-ZIP

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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director Change Addition
1.2 NAME Rene John Gagnier
1.3 STREET ADDRESS 209 S. Orange Avenue
1.4 CITY-ST-ZIP Deland FL 32720

2.1 TITLE Secretary, Treasurer Change Addition
2.2 NAME Gagnier, Charlene
2.3 STREET ADDRESS 209 S. Orange Avenue
2.4 CITY-ST-ZIP Deland, FL 32720

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Rene John Gagnier RECORDED

4-12-99

904-736-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)