

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90123 033 ***158.75

DOCUMENT # P98000045589

1. Corporation Name

COLONIAL COMMERCIAL, INC.



Principal Place of Business

6289 BURNHAM RD
NAPLES FL 34119

Mailing Address

6289 BURNHAM RD
NAPLES FL 34119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

59-352 0511

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

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

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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
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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/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT S. HARDY		
1.3 STREET ADDRESS	10641 AIRPORT ROAD NORTH #32		
1.4 CITY-ST-ZIP	NAPLES FL 34109		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	R. PAUL HARDY		
2.3 STREET ADDRESS	4500 EXECUTIVE DRIVE #300		
2.4 CITY-ST-ZIP	NAPLES FL 34119		
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	JANET KELLY		
3.3 STREET ADDRESS	4500 EXECUTIVE DRIVE #300		
3.4 CITY-ST-ZIP	NAPLES FL 34119		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	JANET KELLY		
4.3 STREET ADDRESS	4500 EXECUTIVE DRIVE #300		
4.4 CITY-ST-ZIP	NAPLES FL 34119		
5.1 TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	ARNOLD ROLFES		
5.3 STREET ADDRESS	1016 GRAND ISLE DRIVE		
5.4 CITY-ST-ZIP	NAPLES FL 34108		
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:

JANET KELLY TREASURER

4/20/99 (941) 547-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)