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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000067633**1. Corporation Name

CLINE ROOFING, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90058 050 ***150.00

Principal Place	e of Business	Ма	iling Address			T the liber tim term 1911 matte entry matte entry matte entry		
			7 EIGHTH AVENUE SOUT	лн				
GULFPORT FL 33707 GULFPORT FL 33707					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						08/03/1998	Ì	
0 D=====1 D	I of Dissipped	22	Mailing Address			4 EEI Number - A	pplied For	
— ·	lace of Business		Mailing Address				ot Applicable	
Suite, Apt.	# 44	26	Suite, Apt. #, etc.				Additional	
<u> </u>	#, etc.	27	Cuito, rept. #, c.c.			LE Codiforto of Status Dosirod	equired	
City & State		21	City & State			6. Election Campaign Financing 55.00	May Be	
23 City & State		28	¬ '			Trust Fund Contribution Added to Fees		
	Country		Zip-	Country		8. This corporation owes the current year Intangible		
24	25	29		0		Personal Property Tax. ☐ Yes	No	
2-4	9. Name and Address of Current			'''		10. Name and Address of New Registered Agent		
				81	Name			
	ie, glenn o			82	Stract A	Address (P.O. Box Number is Not Acceptable)		
6207	7 EIGHTH AVENUE SOUTH			02	Sugera	Address (F.O. DOX Namber is Not Addoptable)		
GUL	FPORT FL 33707			83				
				-		OF Zin	Code	
	•			84	City	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes	the above	e-named c	corporation submits this statement for the purpose of changing it	s registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Floric	ia. Such change was aut	honzed by	the corpor	pration's board of directors. I hereby accept the appointment as re	egisterea	
ļ	in jamiliai with, and accept the obligation	Oris Or,	Jecuon 607.0000, 1 10/10	ad Oldidics	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title	f applicable. NOTE: R	Registered Age	nt signature rec	equired when reinstating) DATE		
12.	OCCIOCOS ANO							
	OFFICERS AND	DIRE	CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	VTD OFFICERS AND	DIRE	CTORS DELETE	13. 1.1 TITLE		Secretary. Directo a Estange		
TITLE NAME		DIRE		+		Secretary, Directo R Genange		
	VTD CLINE, GLENN O	DIRE		1.1 TITLE 1.2 NAME	T ADDRESS			
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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 an 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 TAPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99(727)344-3245

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