05-10-1999 90035 029 ***150.00

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**

DOCUMENT # P98000072320

1. Corporation Name

CAMPBELL ROOFING & SHEET METAL, INC.

Principal Place	e of Business	Mailing Add	dress				1 (45)1051 110 10(8) 15(1) 50(1) 50(1) 50(1)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
605 SE 3RD STREET 605 SE 3RD STREET									
CAPE CORAL FL 33990 CAPE CORAL FL 33990							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified		
							08/17/1998		
Principal Place of Business 2a. Mailing Address							4. FEI Number	I Ap	plied For
-	iace of Business	26	, icai odo				59-2769066	⊢ + - ' '	t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8.75 A	dditional
22		27					5. Certifcate of Status Desired Fee Required		quired
City & Stat	e	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Coun	try		8. This corporation owes the current year int	angible	_
24	25	29	1	30			Personal Property Tax.	Yes Yes	□No
	9. Name and Address of Curre	nt Registered Ac	jent				10. Name and Address of New Registered	Agent	
	A			1	B1	Name			
	SINSKI, KEVIN F				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SECOND STREET								
FOR	T MYERS FL 33901				83				
					84	City		85 Zip C	Code
						•	FL pration submits this statement for the purpose of	-	
SIGNATURE	Signature, typed or printed name of registered ag		. (NOTE		gent s	signature required	t when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	IPS IN 12
12.	 	ND DIRECTORS	☐ DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
TITLE	D CAMPDELL MADY		□ NETE IE	1				4	
NAME	CAMPBELL, MARY			1.2 NAM		IDDOLCC			
STREET ADORESS	1					ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990		DELETE	2.1 T/TL		ZIP		☐ Change	Addition
TITLE			₩ DECETE	2.2 NAM				v -	
NAME						ADDRESS			
STREET ADDRESS				ì			-		
CITY-ST-ZIP TITLE			DELETE	2. 4 CIT 3.1 TITL		- 415		Change	Addition
NAME			<u> </u>	3 2 NAM				-	
				1		ADDRESS			
STREET ADDRESS				3.4. CIT		l			
CITY-ST-ZIP TITLE			DELETE	4 1 TITL				Change	Addition
NAME				4. 2 NA					
STREET ADDRESS	j			ı		ADDRESS			
CITY-ST-ZIP				44 CIT					
TITLE			DELETE	5.1 TITL				☐ Change	Addition
NAME				5.2 NAM	ďΕ	1			
STREET ADDRESS	1			5 3 STR	REETA	ADORESS			1
CITY-ST-ZIP				5.4 CIT	Y-ST-	ZIP			
TITLE			☐ DELETE	6.1 TITL	Æ			☐ Change	☐ Addition
NAME				6.2 NAN	νE				
STREET ADDRESS				6.3 STF	REETA	ADDRESS			\

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP