

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90001 015 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000074460** ✓  
 1. Corporation Name

**ATLANTIC ROOF SERVICES, INC**



Principal Place of Business  
 12022 CEDAR BLUFF  
 TALLAHASSEE FL 32312

Mailing Address  
 12022 CEDAR BLUFF  
 TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/26/1998**

4. FEI Number

**59-3527063**

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.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAIRWEATHER, BRIAN H SR.**  
**12022 CEDAR BLUFF**  
**TALLAHASSEE FL 32312**

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.1 TITLE  Change  Addition  
**PRESIDENT**  
 1.2 NAME **BRIAN H. FAIRWEATHER, SR.**  
 1.3 STREET ADDRESS **12022 CEDAR BLUFF**  
 1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
**SENIOR VICE PRESIDENT**  
 2.2 NAME **BARNEY E. TAYLOR, JR.**  
 2.3 STREET ADDRESS **4151 BRADFORDVILLE ROAD**  
 2.4 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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:

*[Handwritten Signature]*  
**REQUIRED**

*[Handwritten Date]*  
**July 26, 1999**

**850-906-9590**

CR2E034 (5/99)

**Christopher B. Brooks,  
Certified Public Accountant**

315 South Calhoun Street, suite 350  
Tallahassee, Florida 32301

Telephone 850 222-9440  
Facsimile 850 222-2702

606232-90001-15  
P98000074460

August 12, 1999

Florida Department of State  
Annual Reports Filing  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: Atlantic Roof Services, Inc.  
59-3527063

Dear Sir or Madam:

Enclosed please find a completed annual report along with a check in the amount of \$150.00.

I respectfully request an abatement of the late filing penalty for the above referenced client. My client was unaware of this report and the importance of its filing. This was their first year in business. We have taken steps to see that this report is filed on a timely basis in the future.

Thank you for your consideration.

Sincerely,



Christopher B. Brooks, CPA  
Certified Public Accountant