

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 # P98000081990
1. Corporation Name

Powell Roof Management Services, Inc.

FILED

99 OCT 25 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
330 Winston Creek Pkwy 330 Winston Creek Pkwy
Unit F Unit F
Lakeland, FL 33809 Lakeland, FL 33809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Lakeland

26 330 Winston Creek Pkwy

59-3537554

4. FEI Number
Applied For
Not Applicable

22 F
City & State

27 F
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Lakeland, FL
Zip Country

28 Lakeland, FL
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33809

25 Polk

29 33809

30 Polk

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steven G. Powell
330 Winston Creek Parkway Unit F
Lakeland, Florida 33809

81 Name
Steven G. Powell
82 Street Address (P.O. Box Number is Not Acceptable)
330 Winston Creek Parkway
83 Unit F
84 City
Lakeland FL 85 Zip Code
33809

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

Steven G. Powell

10-22-99 DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven G. Powell	
1.3 STREET ADDRESS	330 Winston Creek Pkwy, Unit F	
1.4 CITY-ST-ZIP	Lakeland, FL 33809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert P. Kornahrens	
2.3 STREET ADDRESS	4345 NE 12 Terrace	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steven G. Powell	
3.3 STREET ADDRESS	330 Winston Creek Pkwy, Unit F	
3.4 CITY-ST-ZIP	Lakeland, FL 33809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME	000003033090--6	
4.3 STREET ADDRESS	-11/02/99--01099--016	
4.4 CITY-ST-ZIP	***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required Block 12 or Block 13 if changed, is an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-99 941-616-1955

CR2E034 (11/98)



Powell Roof Management Services, Inc.

330 Winston Creek Parkway, Unit F
Lakeland, Florida 33809

Phone: (863) 616-1955
Fax: (863) 616-1495

October 21, 1999

Division of Incorporation
PO Box 6327
Tallahassee, Florida 32314

RE: Powell Roof Management Services, Inc.
4313 North Platt Road
Plant City, Florida 33565

To whom it may concern:

This letter is to confirm that I never received the annual report forms at the above referenced address.

I am now aware that an annual report must be filled out yearly and returned in a timely basis. This will not happen again now that I am aware of the procedure.

I have enclosed the payment of \$150.00 for reinstatement.

Sincerely,

A handwritten signature of Steven G. Powell.

Steven G. Powell
President