

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000092867

1. Corporation Name

ROOFING AND WATERPROOFING SUPPLY CORP.

Principal Place of Business

P.O. BOX 4464  
KEY WEST FL 33040

Mailing Address

P.O. BOX 4464  
KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

65-0884172

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

2. Principal Place of Business

21 Roofing + waterproofing Supply  
Suite, Apt. #, etc.

2a. Mailing Address

26 Roofing + waterproofing Supply  
Suite, Apt. #, etc.

22 5550 5th Ave, #12  
City & State

27 P.O. Box 4464  
City & State

23 Key West, FL  
Zip Country

28 Key West, FL  
Zip Country

24 33040 25 USA

29 33041 30 USA

9. Name and Address of Current Registered Agent

BRINKSMA-SVETLIK, ANNIE  
817 1/2 TERRY LANE  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Robert W. Svetlik

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

822 Terry Lane

83

84 City Key West

FL

85 Zip Code 33040

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.

Robert W. Svetlik

4.21.99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME SVETLIK, ROBERT W  
STREET ADDRESS 817 1/2 TERRY LANE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME P Svetlik, Robert W.  
1.3 STREET ADDRESS 822 Terry Lane  
1.4 CITY-ST-ZIP Key West, FL 33040

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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:

Signature and typed or printed name of signing officer or director

Robert W. Svetlik

4.21.99

305 295-7453

Date

Daytime Phone #