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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S17117**

MR. ROOFER OF PINELLAS, INC.

Mailing Address Principal Place of Business 7382 120TH AVENUE N. 7382 120TH AVENUE N. LARGO FL 33773 LARGO FL 33773 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 12/05/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3038749 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GARY PORTER** 7382 120TH AVE N Street Address (P.O. Box Number is Not Acceptable) LARGO 33773 83 84 City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE PORTER, GARY 1.2 NAME NAME 7382 120TH AVENUE N 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 31 TITLE 3.2 NAME NAME 👯 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE 51TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change TITLE ☐ DELETE 6.2 NAME 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 pi an attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90057 024 ***158.75