

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 031 ***150.00

DOCUMENT # S66299

1. Corporation Name

CRUMMERS ROOFING ENTERPRISES, INC.

Principal Place of Business

805 TALLADEGA STREET
LEESBURG FL 34748
US

Mailing Address

805 TALLADEGA STREET
LEESBURG FL 34748
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1991

4. FEI Number

65-0304364

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 2943 Pershing Avenue

Suite, Apt. #, etc.

22 SARASOTA FLORIDA

City & State

23 34234 SARASOTA

Zip

Country

24

2a. Mailing Address

26 2943 Pershing Avenue

Suite, Apt. #, etc.

27 SARASOTA FLORIDA

City & State

28 34234 SARASOTA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRUMMER, IRVEN A
805 TALLADEGA STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

CRUMMER IRVEN A

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

2943 Pershing Avenue

83

SARASOTA FLORIDA

84

City

FL

85

Zip Code
34234

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 *Irven A. Crummer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CRUMMER, IRVEN A.
STREET ADDRESS
2943 PERSHING AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
CRUMMER, IRVEN A.
STREET ADDRESS
2943 PERSHING AVE
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE: *Irven A. Crummer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 352-365-6784

Date

Daytime Phone #

CR2E034 (11/98)