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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V36252 1. Corporation Name

DARYL SCHRAM BUILDING AND ROOFING, INC.

Principal Plac	ce of Business	Mailir	ng Address			,		(18315 A11888 15118 A1118 1138)		Ribit Bibti	, i	
4544 BARTELT	F ROAD	4544 (BARTELT ROAD									2
HOLIDAY FL 3	4690		AY FL 34690									
บร		US					_	DO NOT WR		SPACE		
	<u> </u>						_	Date Incorporated or Qualifed 05/13/1992	1			
—	Place of Business	2a. M	ailing Address				4.	FEI Number			App	lied For
21		26						59-3122937			Not	Applicable
Suite, Apt.	. #, etc.	27 St	uite, Apt. #, etc.				5.	Certificate of Status Desired			75 Ac e Req	dditional juired
City & Sta	te	Ci	ty & State				6.	Election Campaign Financing		\$5 .	.00 N	May Be
23		28						Trust Fund Contribution	<u> </u>	Ado	ded to	Fees
Zip	Country	Zi _l	p	Coun	try		8.	This corporation owes the cur	rent year in:	tangible		
24	25	29		30				Personal Property Tax.		☐ Yes		□No
	9. Name and Address of Curre		ed Agent		1		10.	Name and Address of New	Registered	Agent		
ec.	HRAM, DARYL			18	81	Name		•				
454	4 BARTELT ROAD	KOOPHG	No.	8	82	Street Addr	ress (P	P.O. Box Number is Not Accept	table)		2 07 Feb	2012 1 360
	TE 101			8	B3				t . : (1130)	3 7 (3-31.)	5.01.1	
HOL	LIDAY FL 34690			-				<u> </u>	11.57		100	
				1	84	City			FL	85	Zip Co	ode .
11. Pursuant office or i S agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligi	02 and 607. of Florida. ations of, Se	1508, Florida Statu Such change was action 607.0505, Fl	ites, the abo authorized to orida Statut	ove- by thes.	-named corp the corporation	oration on's bo	n submits this statement for the pard of directors. I hereby acce	purpose of pt the appoi	changin intment a	g its regi	egistered stered
	Signature, typed or printed name of registered age	~			gent :	signature require			DATE			
12.	Signature, typed or printed name of registered age OFFICERS AI	~	ORS	13.		signature require		ADDITIONS/CHANGES TO OF				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(727)937-7663)

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90018 048 ***150.00