

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90058 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V40394**

1. Corporation Name  
**GULFSTREAM INTERNATIONAL ROOFING, INC.**



Principal Place of Business: 6925 DAUBON COURT, NEW PORT RICHEY FL 34655  
 Mailing Address: 6925 DAUBON COURT, NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1992**

4. FEI Number: **59-3129002** 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**PARENTE, CARLO**  
**6925 DAUBON COURT**  
**NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ 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	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIPSEN, DAVID	1.2 NAME	S ANTHONY J. SOLDANO
STREET ADDRESS	17810 LITTLE WOOD DR	1.3 STREET ADDRESS	6341 POIK ST.
CITY-ST-ZIP	SPRING HILL FL 34610	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTE, WILLIAM	2.2 NAME	WILLIAM PARENTE
STREET ADDRESS	C/O 13308 HILLWOOD CIRCLE	2.3 STREET ADDRESS	8941 Poe Drive
CITY-ST-ZIP	BAYONET POINT FL 34667	2.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CARLO PARENTE
STREET ADDRESS		3.3 STREET ADDRESS	6925 DAUBON CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MARY PARENTE
STREET ADDRESS		4.3 STREET ADDRESS	6925 DAUBON CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **CARLO PARENTE Pres.** 2/12/99 727-322-7142  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)