

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90008 003 \*\*\*550.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **V55194**  
 Corporation Name  
**G. T. BRAY ROOFING, INC.**



Principal Place of Business: 11 MANATEE AVE, BRADENTON FL 34209  
 Mailing Address: 2111 MANATEE AVE, BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>07/29/1992</b>	
11 MANATEE AVE BRADENTON FL 34209		2111 MANATEE AVE BRADENTON FL 34209		4. FEI Number <b>65-0352474</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARRISON, AUDREY 1406 63RD STREET WEST BRADENTON FL 34208				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ST	GARRISON, AUDREY	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	1406 63RD STREET WEST		1.2 NAME				
ST-ZIP	BRADENTON FL 34209		1.3 STREET ADDRESS				
P	GARRISON, JAMES C	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP				
ST-ADDRESS	1406 63RD STREET WEST		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ZIP	BRADENTON FL 34209		2.2 NAME				
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP				
		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			3.2 NAME				
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS				
			3.4 CITY-ST-ZIP				
		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			4.2 NAME				
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS				
			4.4 CITY-ST-ZIP				
		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			5.2 NAME				
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			6.2 NAME				
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				

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.

SIGNATURE: *Audrey Garrison* SIGNATURE REQUIRED

8-2-99

CR2E034 (5/99)