


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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K45876** (5)  
1. Corporation Name  
**A-1-A ROOFING & ALUMINUM, INC.**

Principal Place of Business  
**827 ORANGE AVE.  
PORT ORANGE FL 32119**

Mailing Address  
**3435 SPRING OAK LANE  
PORT ORANGE FL 32119**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/11/1988**

4. FEI Number  
**59-2919635**

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SHARE, FRED B.  
1092 RIDGEWOOD AVE.  
HOLLY HILL FL 32117**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNAM, JON</b>	1.2 NAME	
STREET ADDRESS	<b>857 WHIPORWILL DR.</b>	1.3 STREET ADDRESS	<b>138 Stone Gate Lane</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	1.4 CITY-ST-ZIP	<b>Port Orange FL 32119</b>
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELOW, GEORGE JR.</b>	2.2 NAME	
STREET ADDRESS	<b>2006 GRAHAM AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>S. DAYTONA FL 32119</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELOW, JAMES J</b>	3.2 NAME	
STREET ADDRESS	<b>3435 SPRING OAK LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: *James J. Gelow* 4-3-98 904761457

CR2E034 (10/97)