

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:28

DOCUMENT # 237228 (2)
1. Corporation Name
BANDY LIGHTWEIGHT ROOFING & SUPPLY, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
116 N. SEWALLS PT. RD. 116 N. SEWALLS PT. RD.
STUART 34996 STUART FL 34996
US

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

3. Date Incorporated or Qualified 3a. Date of Last Report
06/04/1960 01/25/1994
4. FEI Number Applied For
59-0882440 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BESSEMER, E. MAXINE
116 N. SEWALLS PT. RD.
STUART FL 34996**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signatures required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BESSEMER, WILLIAM J 116 N. SEWALLS PT. RD. STUART FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, WILLIAM J	1.2 NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	34996
TITLE	P BESSEMER, WILLIAM J 116 N. SEWALLS PT. RD. STUART FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, WILLIAM J	2.2 NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	34996
TITLE	DT KIRKBRIDE, TAMARA A 7270 SILVER OAK PT ST LUCIE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKBRIDE, TAMARA A	3.2 NAME	
STREET ADDRESS	7270 SILVER OAK	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	3.4 CITY-ST-ZIP	34953
TITLE	DV BESSEMER, W KIM B 1103 TILTON RD PORT ST LUCE, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, W KIM B	4.2 NAME	
STREET ADDRESS	1103 TILTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCE, FL 00000	4.4 CITY-ST-ZIP	34953
TITLE	SD BESSEMER, MAXINE 116 N. SEWALLS PT. RD. STUART FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, MAXINE	5.2 NAME	
STREET ADDRESS	116 N. SEWALLS PT. RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	34996
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 do hereby certify that the information supplied with this filing is voluntarily furnished and flows not (qualify for the exemption stated in Section 119.11(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *E. Maxine Bessemer* 1/10/95 407-220-1344
E. MAXINE BESSEMER (Typed Name of Signing Officer or Director) (Date) (Signature #)