

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 237228 (2)

1. Corporation Name
BANDY LIGHTWEIGHT ROOFING & SUPPLY, INCORPORATED



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

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

3. Date Incorporated or Qualified **06/04/1960** 3a. Date of Last Report **01/17/1995**
4. FEI Number **59-0882449** 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 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

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 *E. Maxine Bessemer*
Signature of present name of registered agent and title, if applicable

W. J. K. L.
DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	34952
TITLE	DV <input type="checkbox"/> DELETE	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	34952
TITLE	SD <input type="checkbox"/> DELETE	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	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *E. Maxine Bessemer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96 **407-270-7244**
Date Daytime Phone #

CR2E034 (12/95)