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FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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. 116 N. SEWALLS PT. RD.
STUART 34996 STUART FL 34996-6502
US

3. Date Incorporated or Qualified 06/04/1960 3a. Date of Last Report 01/23/1996
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

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

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* DATE 1/16/97
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BESSEMER, WILLIAM J	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY - ST - ZIP	STUART FL 34996	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BESSEMER, WILLIAM J	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY - ST - ZIP	STUART FL 34996	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KIRKBRIDE, TAMARA A	
STREET ADDRESS	7270 SILVER OAK	
CITY - ST - ZIP	PT ST LUCIE, FL 00000 34952	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BESSEMER, W KIM B	
STREET ADDRESS	1103 TILTON RD	
CITY - ST - ZIP	PORT ST LUCE, FL 00000 34952	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BESSEMER, MAXINE	
STREET ADDRESS	116 N. SEWALLS PT. RD.	
CITY - ST - ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> DELETE
NAME	2nd v. P. Douglas K. Kirkbride	
STREET ADDRESS	7270 silver Oak Dr.	
CITY - ST - ZIP	Pt. ST. Lucie, FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *E. Maxine Bessemer Sec* DATE 1/9/97 561-720-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)