


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

FILED
Jan 28 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 # F61431 (5) 1. Corporation Name HOLLOWAY ROOFING, INC.			
Principal Place of Business % WILLIAM HOLLOWAY 3661 62ND AVENUE NORTH PINELLAS FL 34685		Mailing Address % WILLIAM HOLLOWAY 3661 62ND AVENUE NORTH PINELLAS FL 33781-6204	
2. Principal Place of Business 21 3661-62 AVE. NORTH Suite, Apt. #, etc. 22 PINELLAS PARK FL. City & State 23 33781 Zip 24 Country 25 USA		2a. Mailing Address 26 HOLLOWAY ROOFING INC. Suite, Apt. #, etc. 27 P.O. Box 10577 City & State 28 ST. PETERSBURG FL. Zip 29 33733 Country 30 USA	
3. Date Incorporated or Qualified 01/05/1982 3a. Date of Last Report 01/31/1996			
4. FEI Number 59-2147102 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HOLLOWAY, WILLIAM 3661 62ND AVENUE NORTH PINELLAS FL 34685 33781		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	DELETE	
NAME	HOLLOWAY, WILLIAM		
STREET ADDRESS	6027 KIPPS COLONY DR E.		
CITY - ST - ZIP	GULFPORT FL 33707		
TITLE	ST	DELETE	
NAME	HOLLOWAY, PEGGY		
STREET ADDRESS	6027 KIPPS COLONY DR E.		
CITY - ST - ZIP	GULFPORT FL 33707		
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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: William F. Holloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97 813-525-2262
Date Daytime Phone #

0384026

CR2E034 (9/96)