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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H47942

(8)

CHIPS ROOFING, INC.

FILED May 23 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address								Bifis stat
2250 WOODLI MELBOURNE		2250 WOODLWAN CR MELBOURNE FL 32834-7843						
		,			3. Date Incorporated or Qualifie 03/20/1985		te of Last R 12/1996	eport
2. Principal	Place of Business	28. Mailing Address			4. FEI Number		Ar	plied For
11		26			59-2524645		No	t Applicabl
Suite, Ap	ot # etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional aguired
City & St	-1c	City & State					<del></del>	
	aic	28			Election Campaign Financing     Trust Fund Contribution	<u></u>	\$5.00	May Be to Fees
2ip	Country	Zip	Country		This corporation has fiability	for intensible		
4	25	29	30		Florida Statutes		No	. 189.032,
:1	9. Name and Address of Curr		1991		10. Name and Address of New			
TR	EPANIER, VIRGINIA ANN	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81	Name				
	50 WOODLWAN CR			Days at A state	20.0 n. N	-4-1-1-1		
MELBOURNE FL 32934			82 Street A		ess (P.O. Box Number is Not Accep	olable)		
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			84	City		FL	85 Zip	Code
SIGNATURE	Signer are typed or printed name of registered	agent and tile if applicable (NO)	TE: Registered Agent			DATE	<del></del>	
	OFFICE			signature requi			DIDECTOR	0.141.40
		AND DIRECTORS	13.	signature requi	ADDITIONS/CHANGES TO OF			
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4. To hereby certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 an an officer or directly 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 any ottachment with an address.

SIGNATURE:

me Phone # 0103219