

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90003 022 ***158.75

DOCUMENT # L36692

1. Entity Name

A & A ROOFING COMPANY, INC.

Principal Place of Business

Mailing Address

8819 SAN RAE RD.
 JAX FL 32257

8819 SAN RAE RD.
 JAX FL 32444-3447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

745 Mulberry Ave
 Suite, Apt. #, etc.
Suite # B

4521 Schooner Lane
 Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Lynn Haven, FL

Zip
32401

Country
Bay

Zip
32444

Country
Bay

4. FEI Number

59-2981797

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, KENNETH W.
8819 SAN RAE RD.
JAX FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ANDREWS, KENNETH W.	
STREET ADDRESS	8819 SAN RAE RD.	
CITY-ST-ZIP	JAX FL 32257	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANDREWS, KENNETH W.	
STREET ADDRESS	8819 SAN RAE RD.	
CITY-ST-ZIP	JAX FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000
 Date

850-814-9685
 Daytime Phone #

CR2E034 (9/99)