

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000059915 (7)**

1. Corporation Name

ALL BERT FAIRCLOTH HOME IMPROVEMENT AND ROOFING, INC.



Principal Place of Business

Mailing Address

1340 STATE ROAD 40
ORMOND BEACH FL 32174

1340 STATE ROAD 40
ORMOND BEACH FL 32174

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PELLICER, RUTH A
1340 STATE ROAD 40
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified

08/20/1993

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3195969

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. 193.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81

Name **SAME**

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 607.0506, Florida Statutes.

SIGNATURE

Ruth A. Pellicer

(SAME)

1-19-96

12. OFFICERS AND DIRECTORS

11.1 TITLE	<input type="checkbox"/> DELETE
11.2 NAME	P FAIRCLOTH, DEBORAH J
11.3 STREET ADDRESS	1340 STATE ROAD 40
11.4 CITY, ST, ZIP	ORMOND BEACH FL 32174
11.5 TITLE	<input type="checkbox"/> DELETE
11.6 NAME	STD PELLICER, RUTH A
11.7 STREET ADDRESS	1340 STATE ROAD 40
11.8 CITY, ST, ZIP	ORMOND BEACH FL 32174
11.9 TITLE	<input type="checkbox"/> DELETE
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	
11.17 TITLE	<input type="checkbox"/> DELETE
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 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)(b), 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. If 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:

Ruth A. Pellicer

Ruth A. Pellicer

1-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)