

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000079370 (8)

1. Corporation Name
QUALITY ROOFING OF FLORIDA, INC.



Principal Place of Business
530 LIMONA ROAD
BRANDON FL 33510

Mailing Address
530 LIMONA ROAD
BRANDON FL 33510-2627

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 09/23/1996 | 3a. Date of Last Report N/A |
| 4. FEI Number 59-3404411 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 6601 N. SD TH ST Suite, Apt. #, etc. | 2a. Mailing Address 26 PO Box 11418 Suite, Apt. #, etc. |
| 22 City & State 23 Tampa FL | 27 City & State 28 Tampa FL |
| 24 Zip 33610 | 25 Country USA |
| 29 Zip 33680 | 30 Country USA |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent GARRISON, JOHN ROBERT 530 LIMONA ROAD BRANDON FL 33510 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: John R. Garrison
Signature, typed or printed name of registered agent and title if applicable
Signature: [Signature]
(Note: Registered Agent signature required when reinstating)
DATE: 1-14-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRISON, JOHN ROBERT | 1.2 NAME | |
| STREET ADDRESS | 530 LIMONA ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33510 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: [Signature] John R. Garrison
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-14-97
Daytime Phone #: 813-626-1461

CR2E034 (9/96)