

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

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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 283692 (2)
1. Corporation Name
H & H ROOFING COMPANY

Principal Place of Business
229 N YONGE STREET
ORMOND BEACH FL 32174

Mailing Address
229 N YONGE STREET
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		PO BOX 407		07/28/1964	
Suite, Apt. #, etc.		ORMOND BEACH FL 32174-0407		4. FEI Number	
22		PO BOX 407		59-1057325	
City & State		City & State		5. Certificate of Status Desired	
23		ORMOND BEACH FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24		32175-0407	FL	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
HUDSON, SR. LEWIS V.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 TIMBER TRAIL				10. Name and Address of New Registered Agent	
ORMOND BEACH FL 32174					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	HUGHES, CHARLES E	1.2 NAME	
STREET ADDRESS	118 DAWN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HUDSON, LEWIS V.	2.2 NAME	
STREET ADDRESS	4 TIMBER TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TM	3.1 TITLE	
NAME	ROSALIND, RUPERT H	3.2 NAME	
STREET ADDRESS	RT1 BOX 168-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	
TITLE	SM	4.1 TITLE	
NAME	IACONIS, JOSEPH F.	4.2 NAME	
STREET ADDRESS	28 SANDRA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Lewis V. Hudson* *Lewis V. Hudson* 4-27-98 904-677-8351 904-677-6205

CR2E034 (10/97)