

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 342383 (7)

1. Corporation Name

ROBERTS ROOFING COMPANY

Principal Place of Business

Mailing Address

2170 OPA LOCKA BLVD.
OPA LOCKA FL 33054

2170 OPA LOCKA BLVD
OPA LOCKA FL 33054



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/04/1969		02/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1236862		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, JUDITH
2170 OPA LOCKA BLVD.
OPA LOCKA FL 33054

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	D
NAME	SHEPPARD, JUDITH	1.2 NAME	Sheppard, Judith
STREET ADDRESS	2170 OPA LOCKA BLVD.	1.3 STREET ADDRESS	2170 opa locka Blvd
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	opa locka, fl.
TITLE	PD	2.1 TITLE	D
NAME	SHEPPARD, ROBERT	2.2 NAME	Sheppard, Robert
STREET ADDRESS	2170 OPA LOCKA BLVD	2.3 STREET ADDRESS	2170 opa locka Blvd
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	Opalocka, Fl.
TITLE	D	3.1 TITLE	PD
NAME	SHEPPARD, CAROL	3.2 NAME	Sheppard, Carol
STREET ADDRESS	2170 OPA LOCKA BLVD.	3.3 STREET ADDRESS	2170 opa locka Blvd
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	Opalocka, Fl.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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***225.00

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (3/96)