

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

FILED
Apr 08 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 # **577835** (2)
1. Corporation Name
WILLIAMS ROOFING, INC.

Principal Place of Business
**1780 HARLOCK RD
MELBOURNE FL 32934**

Mailing Address
**1780 HARLOCK RD
MELBOURNE FL 32934**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1829490	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, DAVID 1780 HARLOCK ROAD MELBOURNE FL 32934		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P/S
NAME	LOCKHART, URIS	1.2 NAME	
STREET ADDRESS	1550 LUCKY ST.	1.3 STREET ADDRESS	Lockhart Uris
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay, FL. 32907
TITLE	VT	2.1 TITLE	V/P/T
NAME	WILLIAMS, DARRYL	2.2 NAME	Jason Williams
STREET ADDRESS	823 ORANGE ST.	2.3 STREET ADDRESS	292 N.W. Gordon Rd.
CITY-ST-ZIP	MELBOURNE, FL 00000	2.4 CITY-ST-ZIP	Palm Bay, FL. 32907
TITLE	PS	3.1 TITLE	1st V/P
NAME	WILLIAMS, DAVID	3.2 NAME	Ralph Walters
STREET ADDRESS	1554 HOLLIS CT.	3.3 STREET ADDRESS	1089 Hazelwood Dr.
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Melbourne, FL. 32935
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	

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: *Ralph Walters VP* 3/30/98 407-254-0647

CR2E034 (10/97)