


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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 618405 (5)			
1. Corporation Name MR. ROOFER, INC.			
Principal Place of Business 3113 E. HILLS BOROUGH AVENUE TAMPA FL 33610 4169 E. HILLS BOROUGH TAMPA, FL 33610		Mailing Address 3113 E. HILLS BOROUGH AVENUE TAMPA FL 33610-4527 P.O. BOX 11927 TAMPA, FL 33680-1927	
2. Principal Place of Business 21 4169 E. Hillsborough Ave Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 11927 Suite, Apt. #, etc.	
22 City & State 23 TAMPA, FL.		27 City & State 28 TAMPA, FL.	
24 Zip 33610		29 Zip 33680	
25 Country U.S.A.		30 Country U.S.A.	
9. Name and Address of Current Registered Agent DANIELSON, WESLEY J 3113 E HILLS BOROUGH AVE TAMPA FL 33610			
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 FL			
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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.			



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/97

Date

813-621-7663

Daytime Phone #

0358072