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 # **842462** **(4)**

1. Corporation Name
SUMMERS ROOFING COMPANY, INC.

Principal Place of Business	Mailing Address
3302 WEST HOSPITAL AVENUE P.O. BOX 81186 CHAMBLEE GA 30366 US	P. O. BOX 888846 ATLANTA GA 30356 US

2. Principal Place of Business	2a. Mailing Address
21	26 P.O Box 81186
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Chamblee, Ga.
Zip 24 / Country 25	Zip 29 30366 / Country 30 USA

3. Date Incorporated or Qualified: 01/30/1979
3a. Date of Last Report: 01/27/1995
4. FEI Number: 58-1267930 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VEVERKA, CARL J.
240 SUMMERWOOD TRL
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name: Ms. Meg McGee
82 Street Address (P.O. Box Number is Not Acceptable): 2023 Companero Avenue
83 Orlando,
84 City: Florida FL 85 Zip Code: 32804

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: X Meg McGee (Signature of New Registered Agent, if changed) 8-16-96 (Date)
(Name of New Registered Agent, if changed, typed or printed)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SUMMERS, KENT W 9875 TERRACE LAKE POINTE ROSWELL GA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUMMERS, KELLEY E 9875 TERRACE LAKE POINTE ROSWELL GA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	540 Crossbridge Alley Alpharetta, Georgia 30202	X Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600001931508 -08/26/96--01010--030 ***375.00	☐ Change ☐ Addition

CR2E034 (3/96)

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: Kent W Summers 8/10/96 770-458-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0128868 FP