FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225	5. C	00					
	ROFIT	FLORIDA DEPARTI								
CORF	PORATION	Sandra B.			7112					
ANNU	ANNUAL REPORT Secretary of Stat									
1	1996 DIVISION OF CORPORATION									
DOCUN 1. Corporation	MENT # F6034	17 (4)								
	ROOFING & SHEET META	AL INC								
Dan	HOOFING & SHEET MET	AL, INO.								
Principal Place	of Business	Mailing Address								(  <b>8   6</b>   1   <b>8   8  </b>
650 CYPRESS ST 650 CYPRESS ST MERRITT ISLAND FL 32952 MERRITT ISLAND FL 3295				i2						
						3. [	ate Incorporated or Qualified 12/30/1981	3s. Date of 04,	Last Re 10/19	
2. Principal Pla	ce of Business	2a. Mailing Address 26				4, F	El Number <b>59-2147491</b>		$\vdash$	Applied For Not Applicable
Suite, Apt. #	Suite, Apt. #, etc.	I. #, etc.			5. 0	Pertificate of Status Desired		8.75	Additional Required	
City & State						1 1	lection Campaign Financing rust Fund Contribution			O May Be d to Fees
Zip	Country   Zip   3					8. 7	his corporation has liability for i	intangible tax u		
4	9. Name and Address of Currer		30 <sub>1</sub>				lame and Address of New R		ent	
			8	81	Name					,
	, ROBERT H		1	82	Street Add	iress (P.C	. Box Number is Not Acceptab	ole)		
	'PRESS ST IT ISLAND, FL		- 1	83						-
32952	I I IOLANO, FL		-	84	03.			····-	ne 70	p Code
					City			FL		
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Flori	da. Such change was authorized	the abov	e-na orpoi	amed corpo ration's boa	oration sub ard of dire	omits this statement for the pur ctors. I hereby accept the app	rpose of changi ointment as reg	ng its r jistered	egistered office agent. I am
familiar with	h, and accept the obligations of, Sect	tion 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	Land title if applicable. (NOTE:	Registered A	Agent :	signature require	ed when ren	stahng)	DATE		
12.		D DIRECTORS	13.			Δ	DDITIONS/CHANGES TO OFF			
TITLE	D COOK DOBERTA C			1. 1 TITLE 1.2 NAME				LJ.	Change	☐ Addition
NAME CTOCCT ADDDESS	COOK, ROBERTA S 420 ROBERTSVILLE RD.				ADDRESS					
CITY-ST-ZIP	OAK RIDGE TN		1.4 CIT		II					
TITLE	SDV	DELETE	2. 1 7(7	LE					Change	Addition
NAME	STOUT, SARA D		2.2 NAM							
STREET ADDRESS	285 MARLIN DR MERRITT ISLAND, FL 0000	^			ADORESS					
CITY-ST-ZIP TITLE	PD	DELETE	2.4 CIT		- 2119				Change	Addition
NAME	STOUT, ROBERT H	_	3.2 NAM	ME						
STREET ADDRESS	285 MARLIN DR		3.3. ST	REET /	ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND, FL 0000		3.4 CIT		- ZIP			<u></u>	Change	☐ Addition
TITLE		☐ DELETE	4. 1 TIT 4.2 NAM		-				Juange	L.J Addition
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4 4 CIT							
TITLE		☐ DELETE	5 1 TIT	TLE					Change	☐ Addition
NAME			5.2 NA)							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6. 1 TIT		- ZIF				Change	☐ Addition
NAME		J	6.2 NA					<del></del>	-	-
STREET ADDRESS			6.3.51F	REE1 A	ADDRESS .					

CITY-ST-ZIP

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)(iii). 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: SIGNATURE ROBERT H STOUT, PRESIDENT

3/14/96 407-453-2780
Date Daytime Phone #

CR2E034 (12/95)