

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 JUL 17 AM 9:02

DOCUMENT # F9300000821 (9)

1. Corporation Name

STANDARD ROOFING RESIDENTIAL, INC.

Principal Place of Business

P.O. BOX 1309
 MONTGOMERY AL 36102

Mailing Address

P.O. BOX 1309
 MONTGOMERY AL 36102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/15/1993** 3a. Date of Last Report **04/08/1994**

4. FEI Number **63-1062967** 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. 169.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CD	TAYLOR, W. ROBBINS SR.	516 N. MCDONOUGH STREET	MONTGOMERY AL
STD	COX, STEVEN C	P O BOX 112 NA	FORT DEPOSIT AL
PD	TAYLOR, GEORGE L	3338 SOUTHWAY AVE	MONTGOMERY AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Cox **STEVEN C. COX, SEC/TREAS** 7-11-95 **(33A) 265-1262**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Signed

CR2E034 (3/95)