

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000821 (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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
07/17/1995

4. FFI Number
63-1082967

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

**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 607.1503, 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 607.052, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report (Section 607.1503)

Signature of Taxpayers (Section 607.1503)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	CD	<input type="checkbox"/> DELETE
12.2 NAME	TAYLOR, W. ROBBINS SR.	
12.3 STREET ADDRESS	516 N. MCDONOUGH STREET	
12.4 CITY, ST, ZIP	MONTGOMERY AL	
12.5 TITLE	STD	<input type="checkbox"/> DELETE
12.6 NAME	COX, STEVEN C	
12.7 STREET ADDRESS	P O BOX 112 NA	
12.8 CITY, ST, ZIP	FORT DEPOSIT AL	
12.9 TITLE	PD	<input type="checkbox"/> DELETE
12.10 NAME	TAYLOR, GEORGE L	
12.11 STREET ADDRESS	3338 SOUTHWIEW AVE	
12.12 CITY, ST, ZIP	MONTGOMERY AL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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)(j), Florida Statutes. I further certify that the information included 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 C Cox* STEVEN C COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 (334)265-1262
DATE TELEPHONE NUMBER

CR2E034 (12/95)