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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

	1996	DIVISION (OF CORPORATIONS	1		
DOCU 1. Corporat	UMENT # F950	00004831 ((2)			
	ERSTATE ROOFING, INC.	•				
Principal Pla	ace of Business	Mailes Address				
P.O. BOX		Mailing Address		, sansing tild taldt Allik götil 80	lici Best Beiti det	il giget igjed lithi tiel 1691
MONTGO	DMERY AL 36125	P.O. BOX 250004 MONTGOMERY AL :	36125			
2. Principal I	Place of Business			3. Cate Incorporated or Qualified 10/06/1995	3a. Date o	f Last Report
1		2a. Mailing Address 26	···	4. FEt Number 63-1127994		Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
City & Sta	ate	City & State		5. Cartificate of Status Desired		Fee Required
Zφ		28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
]	Country 25	Ζ _Ι ρ 29	Country	8. This corporation has liability for it	· 	Added to Fees
	9. Name and Address of Curre	nt Registered Agent	[30]	Yes Yes	ONO	
C T C			81 Name	10. Name and Address of New R	egistered Age	ent
1200 !	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		82 Street Add	Iress (P.O. Box Number is Not Acceptable		
PLANT	TATION FL 33324		<u> </u>	ireas (i .o. dox number is not Acceptabl	(o)	
			83			
			84 City			-T
Durewent	to the analysis of the second		'		F-1 8	5 Zip Code
Pursuant or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric	? and 607.1508, Florida Statute	es, the above named corpor	ration submits this statement for the purn	FL 8	Zip Code
Pursuant or register familiar wi	to the provisions of Sections 607.0502 red agent, or both, in the State of Florik ith, and accept the obligations of, Sect	2 and 607.1508, Florida Statute da. Such change was authorize ion 607.0505, Florida Statutes	es, the above named corpor ed by the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	FL Bose of changir intment as regi	Zip Code ng its registered office istered agent, I am
NATORE	Signature, typed or printed name of registered agent	and tite if applicable (NO)	es, the above named corpored by the corporation's boar		PL Boose of changing intment as regi	Zip Code ng its registered office stered agent, I am
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certify that the information indicated on this annual report or supplemental annual report is true and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further early: 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

SIGNATURE:

Demulia GLENN A. REID, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/90

(34)281-4811