

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J44509 (4)

1. Corporation Name

DIVISION 7 ROOFING AND SHEET METAL, INC.



Principal Place of Business

Mailing Address

**229 NORTH ORCHARD STREET
ORMOND BEACH FL 32174**

**229 NORTH ORCHARD STREET
ORMOND BEACH FL 32174**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIPES, ROBERT H
229 NORTH ORCHARD STREET
ORMOND BEACH FL 32174**

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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, BARRY D.	
STREET ADDRESS	624 S. 23RD STREET	
CITY- ST- ZIP	FLGLER BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, VICKY L.	
STREET ADDRESS	624 S. 23RD STREET	
CITY- ST- ZIP	FLGLER BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIPES, ROBERT H.	
STREET ADDRESS	1833 SPRUCE CREEK BLVD E	
CITY- ST- ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIPES, SYLVIA G.	
STREET ADDRESS	1833 SPRUCE CREEK BLVD. E	
CITY- ST- ZIP	DAYTONA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIPES, ROBERT H.	
3.3 STREET ADDRESS	1833 SPRUCE CREEK BLVD E.	
3.4 CITY- ST- ZIP	DAYTONA BEACH, FL 32124	
4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIPES, SYLVIA	
4.3 STREET ADDRESS	1833 SPRUCE CREEK BLVD E.	
4.4 CITY- ST- ZIP	DAYTONA BCH, FL 32124	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 *Sylvia Sipes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA SIPES

2/16/96

904-672-7420

Date

Daytime Phone #

CR2E034 (12/95)