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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K01088

1. Corporation Name
JOE C. PIERCE ROOFING, INC.

Principal Place of Business 6225 SEMINOLE BLVD. SEMINOLE FL 33714	Mailing Address PO BOX 47733 ST PETERSBURG FL 33743
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2864820	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6235 Seminole Blvd Suite, Apt. #, etc. 22 City & State 23 Seminole, Florida Zip 24 33708 Country	2a. Mailing Address 26 P.O. Box 47733 Suite, Apt. #, etc. 27 Florida City & State 28 St. Pete, Pinellas Zip 29 33743 Country
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9. Name and Address of Current Registered Agent

PIERCE, JOE C.
5203 SEMINOLE BLVD.
ST. PETERSBURG FL 33708

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 *Joe C. Pierce* JOE C. PIERCE *pres.*

DATE 4-28-99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, JOE C.	1.2 NAME	JOSEPH L. PIERCE
STREET ADDRESS	5203 SEMINOLE BLVD.	1.3 STREET ADDRESS	6235 Seminole Blvd
CITY-ST-ZIP	ST. PETERSBURG FL 33708	1.4 CITY-ST-ZIP	Seminole, FL 33708
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	JOSEPH L. PIERCE	2.2 NAME	
STREET ADDRESS	6235 Seminole Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: JOE C. PIERCE *Joe C. Pierce pres* 4-28-99 (727)-393-5168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0426351