

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K95495** (3)

1. Corporation Name
AARON ROOFING COMPANY, INC.



Principal Place of Business 6320 JUDKIN DR. PENSACOLA FL 32504 US	Mailing Address 6320 JUDKIN DRIVE PENSACOLA FL 32504-8123
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2. Principal Place of Business 21 6320 Judkin DR Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 04/29/1996
22 City & State 23 Pensacola, FL	27 City & State 28 Pensacola, FL	4. FEI Number 59-3097345	Applied For Not Applicable
24 32504	25 Country	29 Zip	30 Country
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			


9. Name and Address of Current Registered Agent KEISER, DAVID 6320 JUDKIN DRIVE PENSACOLA FL 32504	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
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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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEISER, DAVID		1.2 NAME	
STREET ADDRESS 6320 JUDKIN DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYNOLDS, KENNETH		2.2 NAME	
STREET ADDRESS 5400 E SHORE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE  DATE **4/13/97** DAYTIME PHONE # **904 478 480**

CR2E034 (9/96)