

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
1900 North Bay Street
Tallahassee, Florida 32399-0001
Phone: (904) 493-0001

APPROVED
FOR FILING

DOCUMENT # **L60762** (6)

60 MAY - 1 1996

EDMUNDO G. GOMEZ
TALLAHASSEE, FLORIDA

PALM COAST ROOFING, INC.

Principal Office: P.O. BOX 10399, NAPLES FL 33941, US
Mailing Address: P.O. BOX 10399, NAPLES FL 33941, US

DATE OF ARTICLES IN THIS SPACE

2. Filing Date (Month/Day/Year)		2a. Mailing Address		3. Date incorporated or renewed		3a. Date of last report	
21 10758 WILES RD.		26 P.O. BOX 8876		3 03/22/1990		3a 04/26/1994	
22 State/Zip Code		27 State/Zip Code		4. FIC Number		Applied For	
23 CORAL SPRINGS, FL		28 CORAL SPRINGS, FL		4 65-0199458		Not Applicable	
24 33076		25 USA		29 33075		30 USA	
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. Foreign Statute: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAYDON, STEVEN R. 116 EDMERE WAY S NAPLES FL 33999				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City		B5 State	
BOCA RATON		FL		33428			

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(8), 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 607.05(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME: GRAYDON, STEVEN R.		1. NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 116 EDMERE WAY S		2. STREET ADDRESS: 11837 SANDLAKE DR.	
3. CITY: NAPLES FL		3. CITY: BOCA RATON, FL 33428	
4. STATE: FL		4. STATE: FL	
5. ZIP CODE: 33999		5. ZIP CODE: 33428	
6. NAME:		6. NAME:	
7. STREET ADDRESS:		7. STREET ADDRESS:	
8. CITY:		8. CITY:	
9. STATE:		9. STATE:	
10. ZIP CODE:		10. ZIP CODE:	
11. NAME:		11. NAME:	
12. STREET ADDRESS:		12. STREET ADDRESS:	
13. CITY:		13. CITY:	
14. STATE:		14. STATE:	
15. ZIP CODE:		15. ZIP CODE:	

14. I, the undersigned, certify that these forms are completed with the filing of annual reports and other documents for the corporation. I declare that the information furnished is true and correct and that the corporation shall have the same responsibility for its compliance with the provisions of the law as if the forms were filed by the corporation. I understand that the filing of these forms does not constitute an admission of liability for the corporation's compliance with the provisions of the law. I understand that the filing of these forms does not constitute an admission of liability for the corporation's compliance with the provisions of the law.

SIGNATURE: _____ 3-8-95 305345-4672