

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M68199** (2)
1. Corporation Name
A-PLUS ROOFING OF KEY WEST, INC.



Principal Place of Business: **2123 FLAGLER AVE KEY WEST FL 33040**
Mailing Address: **P.O. BOX 4095 KEY WEST FL 33040 US**

2. Principal Place of Business: 21, State, Apt. #, etc: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, State, Apt. #, etc: 27, City & State: 28, Zip: 29, Country: 30

3. Date Incorporated or Qualified: **02/08/1988**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **65-0037377**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**FARELY, GREGORY G.
517 WHITEHEAD STREET
KEY WEST FL 33040**

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

Signature of Registered Agent (Required when the Registered Agent is not the Secretary of the Corporation)

Signature of Registered Agent (Required when the Registered Agent is not the Secretary of the Corporation)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE: D	<input type="checkbox"/> DELETE
11.2 NAME: SCARDINA, VINCENT A.	
11.3 STREET ADDRESS: 2123 FLAGLER AVE.	
11.4 CITY-STATE-ZIP: KEY WEST FL	
11.5 TITLE: P	<input type="checkbox"/> DELETE
11.6 NAME: THOMPSON, RICK EDWARD	
11.7 STREET ADDRESS: 1703 SOUTH ST	
11.8 CITY-STATE-ZIP: KEY WEST FL	
11.9 TITLE: _____	<input type="checkbox"/> DELETE
11.10 NAME: _____	
11.11 STREET ADDRESS: _____	
11.12 CITY-STATE-ZIP: _____	
11.13 TITLE: _____	<input type="checkbox"/> DELETE
11.14 NAME: _____	
11.15 STREET ADDRESS: _____	
11.16 CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: _____	
12.3 STREET ADDRESS: _____	
12.4 CITY-STATE-ZIP: _____	
12.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: _____	
12.7 STREET ADDRESS: _____	
12.8 CITY-STATE-ZIP: _____	
12.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: _____	
12.11 STREET ADDRESS: _____	
12.12 CITY-STATE-ZIP: _____	
12.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME: _____	
12.15 STREET ADDRESS: _____	
12.16 CITY-STATE-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 in an attachment with an address.

SIGNATURE: *Vincent A. Scardina* **VINCENT A. SCARDINA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 **305-296-2568**
DATE OF FILING AND TELEPHONE NUMBER

CR2E034 (12/95)