

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cecilia B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 1 1995 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M73177** (1)

1. Corporation Name

EAST COAST ROOFING & ALUMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O KARL D. SWINDULL
1571 NORTHWOOD DR. P.O. BOX 209
ST. AUGUSTINE FL 32085**

Mailing Address: **C/O KARL D. SWINDULL
1571 NORTHWOOD DR. P.O. BOX 209
ST. AUGUSTINE FL 32085**

3. Date Incorporated or Qualified 03/22/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2876029	Applied For <input type="checkbox"/> Not Applicable
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 unreported tax under 1913 U.S. Federal Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCLURE, GEORGE M. 81 KING STREET, SUITE A ST. AUGUSTINE FL 32084		81 Name:	
		82 Street Address (P.O. Box Number or Post Office)	
		83	
		84 City	FL 85 State

11. Pursuant to the provisions of Sections 220.02 and 220.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I, the undersigned, being duly qualified to do so, hereby certify that the above named corporation is in good standing under the laws of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO OFFICERS LISTED IN PART 12	
NAME	DP SWINDULL, KARL D. 2061 DEERWOOD ACRES ST. AUGUSTINE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	VP SWINDULL, POLLY W 2061 DEERWOOD ACRES ST. AUGUSTINE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information required on this filing is substantially true and that I am qualified to do so and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as required with an address.

SIGNATURE: *Karl D Swindull* **KARL D Swindull** 2/17/95 904-824-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR