SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P25361** **(7)**

1. Corporation Name

PIONEER ROOFING TILE, INC.

Principal Place of Business	Mailing Address
1340 S.W. 34TH AVE. **DEERFIELD BEACH FL 33442**	**1340 S.W. 34TH AVE.** **DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **07/21/1989**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **74-2513534** ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CROCKER, RON		1.2 NAME		
STREET ADDRESS	LEVEL 20, 580 GEORGE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SYDNEY NSW AU		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, DOUGLAS		2.2 NAME		
STREET ADDRESS	10650 POPLAR AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FONTANA CA		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COWAN, PAT		3.2 NAME		
STREET ADDRESS	10650 POPLAR AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FONTANA CA		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	IANNONE, CHRISTINE		4.2 NAME	David L. Johnson	
STREET ADDRESS	1340 S.W. 34TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATTINGLY, RON		5.2 NAME		
STREET ADDRESS	800 GESSNER, STE. 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REID, GARY		6.2 NAME		
STREET ADDRESS	1340 SW 34TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David L. Johnson — 6-11-96 — (954)421-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number