FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4/23 96 b - 4147 - C

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

DOCUMENT # P28031 (3)

1. Corporation Name

MERIDIAN ROOFING COMPANY

Principal Place of Business	Mailing Address
802 HWY 19 N SUITE 190 MERIDIAN MS 39307	802 HWY 19 N SUITE 190 MERIDIAN MS 39307

3. Date Incorporated or Qualified: 02/01/1990	3a. Date of Last Report: 05/01/1995
4. FEI Number: 64-0661823	☐ 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	

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

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 not listed.

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	FREDIN, RONALD R.	
STREET ADDRESS	42 NORTHGATE	
CITY-ST-ZIP	LAUREL MS 39440	
TITLE	VD	☐ DELETE
NAME	HOOD, JAMES W.	
STREET ADDRESS	2400 CULLEYWOOD RD	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE	S	☐ DELETE
NAME	MOORE, H.A., III	
STREET ADDRESS	623 MAIN STREET	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	TD	☐ DELETE
NAME	HOOD, WARREN A., JR.	
STREET ADDRESS	3900 JAMESTOWN ROAD	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	VP	☐ DELETE
NAME	SIMMONS, HARRY C	
STREET ADDRESS	5813 OAK STREET	
CITY-ST-ZIP	MERIDIAN MS 39305	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☑ Change ☐ Addition
1.2 NAME	Fredin, Ronald R.	
1.3 STREET ADDRESS	802 Hwy 19 N, Ste 190	
1.4 CITY-ST-ZIP	Meridian, MS 39307	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	☑ Change ☐ Addition
3.2 NAME	Moore, H.A., III	
3.3 STREET ADDRESS	110 Colonial Place	
3.4 CITY-ST-ZIP	Hattiesburg, MS 39402	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: Harry C Simmons V.P. of Finance 4/15/96 601-484-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0503028 FN