

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P28031

1. Corporation Name MERIDIAN ROOFING COMPANY



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/01/1990  
4. FEI Number: 64-0661823  
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 owes the current year Intangible Personal Property Tax: Yes

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FREDIN, RONALD R.	1.1 TITLE:	Change Addition
STREET ADDRESS: 802 HWY 19 NORTH SUITE 190	CITY-ST-ZIP: MERIDIAN MS	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP: 39307	
TITLE: VD	NAME: HOOD, JAMES W.	2.1 TITLE:	Change Addition
STREET ADDRESS: 2400 CULLEYWOOD RD	CITY-ST-ZIP: JACKSON MS 39211	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: S	NAME: BURNAM, JOHN	3.1 TITLE:	Change Addition
STREET ADDRESS: 301 HONEYSUCKLE DRIVE	CITY-ST-ZIP: HATTIESBURG MS 39402	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: TD	NAME: HOOD, WARREN A., JR.	4.1 TITLE:	Change Addition
STREET ADDRESS: 3900 JAMESTOWN ROAD	CITY-ST-ZIP: HATTIESBURG MS 39402	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VP	NAME: SIMMONS, HARRY C	5.1 TITLE:	Change Addition
STREET ADDRESS: 5813 OAK STREET	CITY-ST-ZIP: MERIDIAN MS 39305	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Harry C. Simmons Harry C. Simmons 4/21/99 601-484-8900

CR2E034 (11/98)