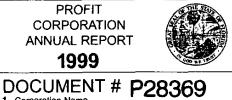
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

TAMKO ROOFING PRODUCTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State Katherine Harris

03-11-1999 90039 043 ***158.75

FILED

Principal Place	of Business	Mailing Address				
20 WEST FOURTH ST. 220 WEST FOURTH ST.						
PO BOX 1404		PO BOX 1404				DO NOT WRITE IN THIS SPACE
IOPLIN MO 64802 JOPLIN MO 64802		JOPLIN MO 64802				3. Date Incorporated or Qualifed
						03/05/1990
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
11	26					44-0502367 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			\$8.75 Additional
22		27			5. Certificate of Status Desired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. X Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
07.0	ODDODATION CVCTEM		18	31 1	Name	
	ORPORATION SYSTEM		1	32	Street Addre	ress (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD				\perp		
PLAN	TATION FL 33324		{	33		
			E	34	City	85 Zip Code
			1	Ì	·	
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au:	inonzea t	ov tn	named corpo e corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	· · · · · ·					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: f		gent si	ignature required	od when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	☐ DELETE	1,1 TITLE		C.=	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Complete ☐ LIST
NAME	EWERT, RICHARD A		1,2 NAM		1	
STREET ADDRESS	3232 WESTBERRY SQUARE		1.3 STR	EET AL	DDRESS 01=	F OFFICERS AND DIRECTORS
CITY-ST-ZIP	JOPLIN MO		1.4 CITY		ZIP	, Change C Addition
TITLE	V	☐ DELETE	2,1 TITL	E		☐ Change ☐ Addition
NAME	ROCK, TOM		2.2 NAM	Œ	Ì	
STREET ADDRESS	14 STONY BROOK BLVD		2.3 STR	EET A	DDRES\$	
CITY-ST-ZIP	GREENVILLE PA 16125		2. 4 CIT		ZIP	☐ Change ☐ Addition
TITLE	PD	☐ DELETE	3,1 TTTL			. Change Addition
NAME	HUMPHREYS, DAVID C		3.2 NAW			
STREET ADDRESS	2703 EAST 15TH STREET		3.3 STR	EET AI	DORESS	
CITY-ST-ZIP	JOPLIN MO		3.4. CIT		ZIP	☐ Change ☐ Addition
TITLE	V	☐ DELETE	4,1 TITU	_	ì	☐ Change ☐ Addition
NAME	CORDELL, GEORGE		4, 2 NA			
STREET ADDRESS					DORESS	
CITY-ST-ZIP	JOPLIN MO		4.4 CITY		ZIP	☐ Change ☐ Addition
TITLE	V	☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	WHELAN, TIMOTHY R		5.2 NAM		000000	
STREET ADDRESS	1922 E 50TH ST		4		DDRESS	
CITY-ST-ZIP	JOPLIN MO		5.4 CITY		ZIP	Chase Addition
TITLE	V	☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME	JONES, DAVID E		6.2 NAM		200505	
STREET ADDRESS	2407 OZARK AVE				DDRESS	
CITY-ST-ZIP	JOPLIN MO		6.4 CITY	(-ST-Z	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 op an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CURED

417-624-6644