

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

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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90004 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P31461

1. Corporation Name
PREMIUM ROOFING SERVICE, INC.



Principal Place of Business
**2838 WASHINGTON ST
AVONDALE ESTATES GA
US**

Mailing Address
**P.O. BOX 345
AVONDALE ESTATES GA 30002-0345**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1990	
21		26		4. FEI Number 58-1585385	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	30002	25			
		29	30		

9. Name and Address of Current Registered Agent

**BASSO, JOHN J
8622 VANNOY COURT
ORLANDO FL 32860-7761**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PTCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RANDY L	1.2 NAME	
STREET ADDRESS	4950 LAKE FRONT CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LILBURN GA 30047	1.4 CITY-ST-ZIP	
TITLE	VVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXEY, S R	2.2 NAME	
STREET ADDRESS	2867 ORION DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, BARRY	3.2 NAME	
STREET ADDRESS	223 CARRINGTON LANE	3.3 STREET ADDRESS	7291 Shell Rd
CITY-ST-ZIP	DOUGLASVILLE GA 30135	3.4 CITY-ST-ZIP	Winston, GA 30187
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RINNIW	4.2 NAME	Bennett, Ronnie
STREET ADDRESS	1860 PENNISTONE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SNELLVILLE GA 30078	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/4/99

Date

404-299-1228

Daytime Phone #

CR2E034 (11/98)