

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

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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046254 (7)

1. Corporation Name  
CHASSE ROOFING, INC.



Principal Place of Business  
1310 WEST 19TH STREET  
PANAMA CITY FL 32405  
US

Mailing Address  
P.O. BOX 16102  
PANAMA CITY FL 32406-6102  
US

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/24/1993   | 3a. Date of Last Report<br>02/13/1996 |
| 4. FEI Number<br>59-3187546   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent  
CHASSE, MARK A  
~~3114 W 21ST COURT~~  
~~PANAMA CITY FL 32405~~

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 Southport<br>85 Zip Code<br>FL 32409 |
|---|

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------|---|--|
| TITLE                      | PST                          | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHASSE, MARK A               | 1.2 NAME  |  |
| STREET ADDRESS             | <del>3114 W 21ST COURT</del> | 1.3 STREET ADDRESS                                    | 9006 KINGSWOOD RD  |
| CITY-ST-ZIP                | <del>PANAMA CITY FL</del>    | 1.4 CITY-ST-ZIP                                       | SOUTHPORT FLA 32409  |
| TITLE                      | V                            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CHASSE, CHRIS M              | 2.2 NAME  |  |
| STREET ADDRESS             | 3114 WEST 19TH STREET        | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PANAMA CITY FL               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              | 3.2 NAME  |  |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              | 4.2 NAME  |  |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                              | 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                      |                              | 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 do 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.

SIGNATURE:

*[Signature]*

4-22-97

904-747-8678

CR2E034 (9/96)