

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

FILED

May 05 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 # P93000070441 (9)
 1. Corporation Name
RON RAULERSON ROOFING OF SOUTH FLORIDA, INC.



Principal Place of Business: **NO. 1547 N FLORIDA MANGO RD WEST PALM BEACH FL 33409**
 Mailing Address: **NO. 1547 N FLORIDA MANGO RD WEST PALM BEACH FL 33409-5209**

3. Date Incorporated or Qualified: **10/11/1993**
 3a. Date of Last Report: **10/10/1996**

2. Principal Place of Business
 21. **2715 Pinewood Ave**
 22. Suite, Apt. #, etc.
 23. **West Palm Beach, FL**
 24. Zip: **33401**
 25. Country: **USA**

2a. Mailing Address
 26. **2715 Pinewood Ave**
 27. Suite, Apt. #, etc.
 28. **West Palm Beach, FL**
 29. Zip: **33401**
 30. Country: **USA**

4. FEI Number: **65-0440766**
 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

9. Name and Address of Current Registered Agent
RAULERSON, RONALD A
1547 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH FL 33409

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 **FL**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-27-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RAULERSON, RONALD A	
STREET ADDRESS	1547 NORTH FLORIDA MANGO ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	<i>Rosa</i>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<i>Raulerson, Ronald A</i>	
STREET ADDRESS	<i>1547 N</i>	
CITY-ST-ZIP	<i>33401</i>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Raulerson, Ronald A	
STREET ADDRESS	2715 Pinewood Ave.	
CITY-ST-ZIP	WPB, FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **Ron Raulerson Pres** DATE: **4-27-97** DAYTIME PHONE # **561-684-8447**

CR2E034 (9/96)