

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

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**Mar 13 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 #** P93000087872  
1. Corporation Name

Allen Roofing Systems Inc.

Principal Place of Business: 2269 Palm Ave. Fort Myers Fl. 33916  
Mailing Address: 2269 Palm Ave. Fort Myers Fl. 33916

3. Date Incorporated or Qualified: 1/7/94  
3a. Date of Last Report: 4/9/96

|                                 |                         |  |   |
|---------------------------------|-------------------------|--|---|
| 21. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number: 65-0457818  | Applied For: Not Applicable   |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired: <input type="checkbox"/>                       | \$8.75 Additional Fee Required  |
| 23. City & State                | 28. City & State        | 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees   |
| 24. Zip                         | 29. Zip                 | 30. Country  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |  |                 |
|--|--|--|-----------------|
| 9. Name and Address of Current Registered Agent                    |  | 10. Name and Address of New Registered Agent           |                 |
| Dennis Lumsden Atty.<br>6719 Winkler Road<br>Fort Myers, Fl. 33919 |  | 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS               |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE: President                         | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: Rachfal, Karl                      |                                 | 1.2 NAME  |   |
| STREET ADDRESS: 9516 mariners Cove Lane  |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP: Ft. Myers, Fl. 33919     |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE: Secretary/Treasurer               | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: Sharon Allen                       |                                 | 2.2 NAME  |   |
| STREET ADDRESS: 9516 Mariners Cove Lane  |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP: Ft. Myers Fl. 33919      |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE: Executive V.P.                    | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: David Snyder Jr.                   |                                 | 3.2 NAME  |   |
| STREET ADDRESS: 1232 Pondella Cr.        |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP: No. Ft. Myers, Fl. 33903 |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE: V.P.                              | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: David Snyder, III                  |                                 | 4.2 NAME  |   |
| STREET ADDRESS: 1232 Pondella Cr.        |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP: No. FT. Myers, FL. 33903 |                                 | 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-STATE-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-STATE-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 included 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: *Karl Rachfal* Karl Rachfal Date: 3/7/97 Daytime Phone #: 352-5566

CR2E034 (9/96)