FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000028620 (0)

1. Corporation Name
ATLANTIC COAST ROOFING, INC.

Principal Place of Business	Mailing Address
9250 CYPRESS GREEN DR. SUITE 104 JACKSONVILLE FL 32256	9250 CYPRESS GREEN DR. SUITE 104 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 07/27/1995

2. Principal Place of Business	2a. Mailing Address
21 8917 WESTERN WAY	26 8917 WESTERN WAY
Suite, Apt. #, etc.: 22 SUITE 7	Suite, Apt. #, etc.: 27 SUITE 7
City & State: 23 JACKSONVILLE, FL	City & State: 28 JACKSONVILLE, FL
Zip: 24 32256 — Country: 25 DUVAL	Zip: 29 32256 — Country: 30 DUVAL

4. FEI Number: 59-3241990 — ☐ 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**

WERNER, MARK A
9250 CYPRESS GREEN DR.
SUITE 104
JACKSONVILLE FL 32256

10. **Name and Address of New Registered Agent**

81 Name: WERNER, MARK A.
82 Street Address (P.O. Box Number is Not Acceptable): 8917 WESTERN WAY, SUITE 7
83
84 City: JACKSONVILLE — FL — 85 Zip Code: 32256

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	WERNER, MARK A	1.2 NAME	WERNER, MARK A.
STREET ADDRESS	9250 CYPRESS GREEN DR., #104	1.3 STREET ADDRESS	8917 WESTERN WAY, SUITE 7
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	TYRE, WARREN	2.2 NAME	STEVERSON, JOE
STREET ADDRESS	9250 CYPRESS GREEN DR., #104	2.3 STREET ADDRESS	8917 WESTERN WAY, SUITE 7
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	Skiff, Donald
STREET ADDRESS		3.3 STREET ADDRESS	8917 Western Way, Suite 7
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001832486
STREET ADDRESS		5.3 STREET ADDRESS	-05/21/96--01104--013
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	N
STREET ADDRESS		6.3 STREET ADDRESS	7 5.1
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mark Werner — 5/15/96 — 904 363 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)