

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

FILED

Apr 18 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 # P94000033759 (9)

1. Corporation Name

TRU-QUALITY ROOFING, INC.



Principal Place of Business P.O. BOX 1869 MELBOURNE FL 32904-1869	Mailing Address P.O. BOX 1869 MELBOURNE FL 32902-1869
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1994		3a. Date of Last Report 03/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3246291		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	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 SMITH, MICHAEL 1805 RADNOR DR MELBOURNE FL 32901				10. Name and Address of New Registered Agent 81 Name MICHAEL D. SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 83 532 TREND ROAD 84 City W. MELBOURNE FL 85 Zip Code 32904			
---	--	--	--	---	--	--	--

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DPTS	1.1 TITLE	DPTS				
NAME	SMITH, MICHAEL D	1.2 NAME	Michael D. Smith				
STREET ADDRESS	1805 RADNOR DRIVE	1.3 STREET ADDRESS	532 Trend Road				
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	W. Melbourne, FL 32904				
TITLE		2.1 TITLE	VP				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Brian S. Hines				
STREET ADDRESS		2.3 STREET ADDRESS	1370 Seabold S.W.				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Bay, FL 32909				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.1 TITLE	VP				
NAME		3.2 NAME	Scott Crawford				
STREET ADDRESS		3.3 STREET ADDRESS	P.O. Box 1869 (N/A)				
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Melbourne, FL 32902				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE					
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. SMITH

41

407-452-2707

Daytime Phone #

0100634

CR2E034 (9/96)