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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000067400 (9)

1. Corporation Name
MILL CREEK ROOFING, INC.



Principal Place of Business
3910 RUES LANDING RD
ST AUGUSTINE FL 32084

Mailing Address
3910 RUES LANDING RD
ST AUGUSTINE FL 32092-0644

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 04/01/1996
4. FEI Number: 59-3300448
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

2. Principal Place of Business
21. Sect., Apt. or etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Sect., Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNETT, VIRGIL D
3910 RUES LANDING RD
ST AUGUSTINE FL 32084

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

(NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS
OFFICER: PD ARNETT, VIRGIL D, 3910 RUES LANDING RD, ST AUGUSTINE FL 32084
DIRECTOR: STD MULLIS, JOHN, 2115 COUNTY RD 13-A N, ST AUGUSTINE FL 32092

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I 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, on an attachment with an address.

SIGNATURE: [Signature] 3/21/97 904.824.8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Photo

CR2E034 (9/96)