

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000068571 (6)**

1. Corporation Name

POTTER ROOFING, INC.



Principal Place of Business 129 GENTIAN ROAD ST. AUGUSTINE FL 32086	Mailing Address 1860 US #1 SOUTH STE 25 ST AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4600 CARTER Rd		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/14/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3269505	
City & State 23 St. Augustine FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32086		Country 25 St. Johns		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHAFFER, CLARK 100 SOUTHPARK BLVD. SUITE 407 ST. AUGUSTINE FL 32086				10. Name and Address of New Registered Agent			
				81 Name Damian J. Ravuso			
				82 Street Address (P.O. Box Number is Not Acceptable) 24 Cathedral Place			
				83 Suite Suite 200			
				84 City St Augustine FL 85 Zip Code 32084			

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 **1/12/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D	NAME POTTER, STEVE	STREET ADDRESS 129 GENTIAN ROAD	CITY-ST-ZIP ST. AUGUSTINE FL 32086	1.1 TITLE same	1.2 NAME same	1.3 STREET ADDRESS 4600 CARTER Rd	1.4 CITY-ST-ZIP St. Augustine FL 32086
TITLE D	NAME CENITE, PAULA	STREET ADDRESS 129 GENTIAN ROAD	CITY-ST-ZIP ST. AUGUSTINE FL	2.1 TITLE same	2.2 NAME same	2.3 STREET ADDRESS 4600 CARTER Rd	2.4 CITY-ST-ZIP St. Augustine FL 32086
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	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, or on an attachment with an address.

SIGNATURE  DATE **1/12/98**

CR2E034 (10/97)