

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 # P95000011222 (3)

1. Corporation Name

SAM'S METAL ROOF, INC.



Principal Place of Business

35-26TH AVENUE
APALACHICOLA FL 32320

Mailing Address

35-26TH AVENUE
APALACHICOLA FL 32320

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FFI Number

59-3292825

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

GIBBS, HOWARD S
35-26TH AVENUE
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the date of signature

Signature, typed or printed name of registered agent and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Howard S. Gibbs
STREET ADDRESS: 35-26th Ave
CITY-ST-ZIP: Apalachicola, FL 32320

TITLE: Secretary/Treasurer
NAME: Doris S. Gibbs
STREET ADDRESS: 35-26th Ave
CITY-ST-ZIP: Apalachicola, FL 32320

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: [Change] [Addition]
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: [Change] [Addition]
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: [Change] [Addition]
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: [Change] [Addition]
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: [Change] [Addition]
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: [Change] [Addition]
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

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***225.00

6/19/96

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)(b), 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: Howard S. Gibbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 904-653-9777
DATE TIME PHONE #

CR2E034 (12/95)