

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 32320-1201

2. Principal Place of Business
21 340 N Bayshore Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 1049
Suite, Apt. #, etc.

23 EASTPOINT FL
City & State
Zip 32328 Country

28 EASTPOINT FL
City & State
Zip 32328 Country

3. Date Incorporated or Qualified 02/06/1995
3a. Date of Last Report 06/19/1996

4. FEI 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 Gibbs, Howard S
82 Street Address (P.O. Box Number is Not Acceptable) 340 N Bayshore Dr
83
84 City EASTPOINT FL 85 Zip Code 32328

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 Howard S Gibbs Howard S. Gibbs 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	GIBBS, HOWARD S.	
STREET ADDRESS	35-26TH AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	S/T	
NAME	GIBBS, DORIS S.	
STREET ADDRESS	35-26TH AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	340 N Bayshore Dr.		
1.4 CITY-ST-ZIP	EASTPOINT, FL 32328		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	340 N Bayshore Dr.		
2.4 CITY-ST-ZIP	EASTPOINT, FL 32328		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE: DORIS S. GIBBS 4/30/97 904-670-4616

CR2E034 (9/96)