


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

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Apr 11 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 # P95000026795 (1) 1. Corporation Name TOP CAT ROOFING, INC.					
Principal Place of Business 450 FLAT RIVER ST PALM BAY FL 32908			Mailing Address 450 FLAT RIVER ST PALM BAY FL 32908-8132		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/31/1995 3a. Date of Last Report 02/08/1996 4. FEI Number <del>59-3207496</del> 59-3365875 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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 LEHMAN, RICHARD D 450 FLAT RIVER ST PALM BAY FL 32908			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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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: <u>Dominique Lehman</u> <u>Dominique Lehman</u> 4/5/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)