

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000033833 (1)

1. Corporation Name
AMERICAN EAGLE ROOFING, INC.



Principal Place of Business 6571 43RD ST. NORTH, #1705 PINELLAS PARK FL 34665	Mailing Address 6571 43RD ST. NORTH, #1705 PINELLAS PARK FL 33781-5950
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2. Principal Place of Business 21 3700 - 68th Ave. N. Suite, Apt. #, etc.		2a. Mailing Address 26 3700 - 68th Ave. N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 05/01/1996
22 City & State 23 Pinellas Park, FL Zip Country 24 33781		27 City & State 28 Pinellas Park, FL Zip Country 29 33781		4. FEI Number 50-8311810 59-3424283	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 RILEY, JOHN L 2325 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713				10. Name and Address of New Registered Agent 81 Name Rebecca L. Shaw, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 150 Second Avenue N. # 1500 83 84 City St. Petersburg, FL 85 Zip Code 33701	
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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 *Rebecca L. Shaw* DATE **3-31-97**
Signature, typed or printed name of registered agent, and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director/President/Treasurer <input type="checkbox"/> Other <input type="checkbox"/> Addition		
NAME	MCCLINTIC, ALBERT			1.2 NAME	Kevin E. Knight		
STREET ADDRESS	6571 43RD ST. NORTH, #1705			1.3 STREET ADDRESS	3700 - 68th Ave. N.		
CITY-ST-ZIP	PINELLAS PARK FL 34665			1.4 CITY-ST-ZIP	Pinellas Park, FL 33781		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNIGHT, KEVIN E			2.2 NAME	ALBERT MCCLINTIC		
STREET ADDRESS	6571 43RD ST. NORTH, #1705			2.3 STREET ADDRESS	3700 68TH AVE. N.		
CITY-ST-ZIP	PINELLAS PARK FL 34665			2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				3.2 NAME	VICKIE L. KNIGHT		
STREET ADDRESS				3.3 STREET ADDRESS	3700 68TH AVE. N.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33781		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	GLENNAR J. MYERS		
STREET ADDRESS				4.3 STREET ADDRESS	3700 68TH AVE. N.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33781		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Kevin E. Knight* DATE: **4/8/97** (813) 528-4223

CR2E034 (9/96)