

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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90213 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000038357

1. Corporation Name
 STUDARD ROOFING, INC.



Principal Place of Business: 4438 IRVINGTON AVE JACKSONVILLE FL 32210
 Mailing Address: 4438 IRVINGTON AVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3315232	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	
Country		Country			
25		30		Dural	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STUDARD, JOAN E. 4438 IRVINGTON AVE JACKSONVILLE FL 32210				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				Joan E. Studard 423 Lake Marietta Dr. W. Jacksonville FL 32220			

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: Joan E. Studard Sec. Treas. DATE: 4/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Stuard, Alton Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDARD, MICHAEL ALTON	1.2 NAME	423 Lake Marietta Dr. W.
STREET ADDRESS	4438 IRVINGTON AVE	1.3 STREET ADDRESS	Jacksonville FL 32220
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	Jacksonville FL 32220
TITLE	S/T <input type="checkbox"/> DELETE	2.1 TITLE	Stuard, Joan E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDARD, JOAN E.	2.2 NAME	423 Lake Marietta Dr. W.
STREET ADDRESS	4438 IRVINGTON AVE	2.3 STREET ADDRESS	Jacksonville FL 32220
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	Jacksonville FL 32220
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Cannaday, Michael D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADAY, MICHAEL D.	3.2 NAME	1138 Sawyerwood Dr.
STREET ADDRESS	8318 THORNTON CT.	3.3 STREET ADDRESS	Jacksonville, FL 32221
CITY-ST-ZIP	JACKSONVILLE FL 32221	3.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Joan E. Studard DATE: 4/19/99 (904) 387-4934

CR2E034 (1/198)