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FILED
May 02 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 # P95000048648 (6)

1. Corporation Name

WERNICKE ROOFING INC. #5

Principal Place of Business

5145 DREW STREET
BROOKSVILLE FL 34809

Mailing Address

5145 DREW STREET
BROOKSVILLE FL 34809-8213



2. Principal Place of Business		2a. Mailing Address	
21	15250 BLAIR AVE Suite, Apt. #, etc.	26	15250 BLAIR AVE Suite, Apt. #, etc.
22	City & State	27	City & State
23	BROOKSVILLE FL	28	BROOKSVILLE FL
24	Zip 34609	29	Zip 34609
25	Country	30	Country

3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report 10/23/1996
4. FEI Number 59-3318656	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WERNICKE, NANNIE P 5145 DREW STREET BROOKSVILLE FL 34809		81	Name
15250 BLAIR AVE		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTH, RENO	1.2 NAME	
STREET ADDRESS	5145 DREW STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34809	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, VICKIE	2.2 NAME	
STREET ADDRESS	5145 DREW STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34809	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, STEVE	3.2 NAME	
STREET ADDRESS	5145 DREW STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34809	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNICKE, NANNIE P	4.2 NAME	
STREET ADDRESS	5145 DREW STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34809	4.4 CITY-ST-ZIP	
TITLE		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		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 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: Nannie P. Wernicke 03/23/97 03/23/97

CR2E034 (9/96)