

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051868 (4)

1. Corporation Name
GULF SIDE ROOFING TRI COUNTY, INC



Principal Place of Business: 13450 PONDEROSA WAY FT MYERS FL 33907
Mailing Address: 13450 PONDEROSA WAY FT MYERS FL 33907

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 N/A		26 N/A		06/29/1995			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0602375		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
5. Certificate of Status Desired				<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIELY, DEREK P 13450 PONDEROSA WAY FT MYERS FL 33907				81 Name			
				N/A			
				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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIELY, DEREK P			1.2 NAME	SISOUPHANH CHALEONSOUK		
STREET ADDRESS	13450 PONDEROSA WAY			1.3 STREET ADDRESS	20800 JAMIE RD		
CITY-ST-ZIP	FT MYERS FL 33907			1.4 CITY-ST-ZIP	N, FT. MYERS, FL 33903		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEE, ALLAN W			2.2 NAME	DAWN M. KIELY		
STREET ADDRESS	13450 PONDEROSA WAY			2.3 STREET ADDRESS	13450 PONDEROSA WAY		
CITY-ST-ZIP	FT MYERS FL 33907			2.4 CITY-ST-ZIP	FT. MYERS, FL 33907		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIORIO, JIM			3.2 NAME			
STREET ADDRESS	13450 PONDEROSA WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33907			3.4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dawn M. Kiely DAWN M. KIELY 4-29-96 941-481-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Year Phone #

CR2E034 (12/95)