

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000056152 (8)

1. Corporation Name

SUPERIOR ROOFING SYSTEMS, INC.



Principal Place of Business 2651 TWIN OAKS TRAIL FT. PIERCE FL 34945	Mailing Address 2651 TWIN OAKS TRAIL FT. PIERCE FL 34945
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 07/19/1995	
21		25		4. FEI Number 65-0594934	
22		26		Applied For Not Applicable	
23		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
26		30			

9. Name and Address of Current Registered Agent McCLELAND, FRANCES 2651 TWIN OAKS TRAIL FT. PIERCE FL 34945		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2651 TWIN OAKS TR	1.2 NAME	
STREET ADDRESS	FT. PIERCE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	McCLELAND, FRANCES	2.2 NAME	517 FRANCES McClelland
STREET ADDRESS	2651 TWIN OAKS TRAIL	2.3 STREET ADDRESS	2651 TWIN OAKS TR
CITY - ST - ZIP	FT. PIERCE FL	2.4 CITY - ST - ZIP	FT PIERCE FL 34945
TITLE	P	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	McCLELAND, KEVIN	3.2 NAME	
STREET ADDRESS	2651 TWIN OAKS TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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

SIGNATURE: Frances McClelland Frances McClelland 4/30 561-460-9662

CR2E034 (10/97)