


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

FILED

May 07 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 # P95000071484 (6) 1. Corporation Name ALL SOUTH CONSTRUCTION AND ROOFING COMPANY					
Principal Place of Business 910 AIRPORT RD DESTIN FL 32541			Mailing Address 910 AIRPORT RD DESTIN FL 32541-2805		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3334993	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		7. 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 CHANDLER, WILLIAM J 910 AIRPORT ROAD, STE. 4 DESTIN FL 32541			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			86. City		
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		
1. TITLE			1.1 TITLE		
2. NAME			1.2 NAME		
3. STREET ADDRESS			1.3 STREET ADDRESS		
4. CITY - ST - ZIP			1.4 CITY - ST - ZIP		
5. TITLE			2.1 TITLE		
6. NAME			2.2 NAME		
7. STREET ADDRESS			2.3 STREET ADDRESS		
8. CITY - ST - ZIP			2.4 CITY - ST - ZIP		
9. TITLE			3.1 TITLE		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY - ST - ZIP			3.4 CITY - ST - ZIP		
13. TITLE			4.1 TITLE		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY - ST - ZIP			4.4 CITY - ST - ZIP		
17. TITLE			5.1 TITLE		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY - ST - ZIP			5.4 CITY - ST - ZIP		
21. TITLE			6.1 TITLE		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

CR2E034 (9/96)