

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000085237 (2)**

1. Corporation Name
STAY-DRY ROOFING OF TAMPA BAY INC.

Principal Place of Business
**4010 WEST WATERS AVE SUITE 2500
TAMPA FL 33614**

Mailing Address
**4010 WEST WATERS AVE SUITE 2500
TAMPA FL 33614**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3359416	Applied For Not Applicable
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	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	
FLORES, DENNIS 4010 WEST WATERS AVE SUITE 2500 TAMPA FL 33614				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP/T
NAME	FLORES, DENNIS R	1.2 NAME	
STREET ADDRESS	4010 WEST WATERS AVE SUITE 2500	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KEENE, JOHN D	2.2 NAME	
STREET ADDRESS	4010 WEST WATERS AVE SUITE 2500	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	5
NAME	BENNETT, RONALD	3.2 NAME	BUDDY CHEAVES
STREET ADDRESS	4010 WEST WATERS AVE SUITE 2500	3.3 STREET ADDRESS	4010 WEST WATERS AVE SUITE 2500
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T	4.1 TITLE	T/DP
NAME	CHEAZE, BUDDY	4.2 NAME	DENNIS R. FLORES
STREET ADDRESS	4010 WEST WATERS AVE SUITE 2500	4.3 STREET ADDRESS	4010 WEST WATERS AVE
CITY-ST-ZIP	TAMPA FL 33614	4.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/1/96**
Date

813-858-9363
Dial-in Phone #

CR2E034 (12/95)