

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

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
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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 33614-1984
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3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 07/11/1996
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2. Principal Place of Business 21 3519 E. BROADWAY AVE. Suite, Apt. #, etc. 22	2a. Mailing Address 26 3519 E. BROADWAY AVE. Suite, Apt. #, etc. 27	4. FEI Number 59-3359416 Applied For Not Applicable
23 TAMPA, FL. City & State 24 33605 Zip 25 HILLSBOROUGH Country	28 TAMPA, FL. City & State 29 33605 Zip 30 HILLSBOROUGH Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent FLORES, DENNIS 4010 WEST WATERS AVE SUITE 2500 TAMPA FL 33614	10. Name and Address of New Registered Agent 81 Name FLORES, DENNIS 82 Street Address (P.O. Box Number is Not Acceptable) 3519 E. BROADWAY AVE. 83 84 City TAMPA FL 85 Zip Code 33605
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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 DPT	<input type="checkbox"/> DELETE	1.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORES, DENNIS R		1.2 NAME FLORES, DENNIS R.	
STREET ADDRESS 4010 WEST WATERS AVE SUITE 2500		1.3 STREET ADDRESS 3519 E. BROADWAY AVE	
CITY - ST - ZIP TAMPA FL		1.4 CITY - ST - ZIP TAMPA, FL. 33605	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE JOHN KEENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEENE, JOHN D		2.2 NAME JOHN KEENE	
STREET ADDRESS 4010 WEST WATERS AVE SUITE 2500		2.3 STREET ADDRESS 3519 E. BROADWAY AVE	
CITY - ST - ZIP TAMPA FL 33614		2.4 CITY - ST - ZIP TAMPA, FL. 33605	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHEAVES, BUDDY		3.2 NAME MIKE THOMAS	
STREET ADDRESS 4010 WEST WATERS AVE, SUITE 2500		3.3 STREET ADDRESS 3519 E. BROADWAY AVE	
CITY - ST - ZIP TAMPA FL		3.4 CITY - ST - ZIP TAMPA, FL. 33605	
TITLE TDP	<input type="checkbox"/> DELETE	4.1 TITLE TDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORES, DENNIS R.		4.2 NAME DENNIS FLORES	
STREET ADDRESS 4010 WEST WATERS AVE		4.3 STREET ADDRESS 3519 E. BROADWAY AVE	
CITY - ST - ZIP TAMPA FL		4.4 CITY - ST - ZIP TAMPA, FL. 33605	
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 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:  **3/27/97** **813-888-9263**
Date Daytime Phone #

CR2E034 (9/96)