


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 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 # P95000094319 (7)

1. Corporation Name

ANOTHER ROOFING COMPANY, INC.

Principal Place of Business

1965 SW IDAHO LN
PORT ST LUCIE FL 34953

Mailing Address

1965 SW IDAHO LN
PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 2. Principal Place of Business 21 466 SW Kentwood Rd 22 Suite, Apt. #, etc. | | 2a. Mailing Address 26 466 SW Kentwood Rd 27 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 12/11/1995 | | 3a. Date of Last Report 05/01/1996 | |
| 23 City & State Pt. St. Lucie, FL 24 Zip 34953 25 Country USA | | 28 City & State Pt. St. Lucie, FL 29 Zip 34953 30 Country USA | | 4. FEI Number 65-0657926 | | Applied For Not Applicable | |
| 9. Name and Address of Current Registered Agent JORDAN, MICHAEL 1965 SW IDAHO LN PORT ST LUCIE FL 34953 | | 10. Name and Address of New Registered Agent | | 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 | |
| 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. | | 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | | 83 | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE | | 84 City FL | | 85 Zip Code | |

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JORDAN, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 1965 SW IDAHO LN | 1.3 STREET ADDRESS | 466 SW Kentwood Rd |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 | 1.4 CITY-ST-ZIP | Pt. St. Lucie, FL 34953 |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, JOANNE | 2.2 NAME | Joanne Jordan |
| STREET ADDRESS | 1965 SW IDAHO LN | 2.3 STREET ADDRESS | 466 SW Kentwood Rd |
| CITY-ST-ZIP | PORT ST LUCIE FL 34953 | 2.4 CITY-ST-ZIP | Pt. St. Lucie, FL 34953 |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 1196 LOMBARDI ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34985 | 3.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 | | 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 registered agent 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 I am a registered agent or on an attachment with an address.

SIGNATURE

CR2E034 (4/97)