

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

FILED
May 14 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 # P95000097684 (1)
 1. Corporation Name
SUNCOAST ROOFERS SUPPLY OF TAMPA, INC.



Principal Place of Business 5316 E HENRY AVE TAMPA FL 33610 US	Mailing Address 2430 TERMINAL DRIVE SOUTH ST. PETERSBURG FL 33712-1687
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3. Date Incorporated or Qualified 12/28/1995	3a. Date of Last Report 06/12/1996
4. FEI Number APPLIED FOR 59-3381871	Applied For Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. PO Box 12587
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. ST PETERSBURG FL
24. Country	29. 33733
25. Country	30. U.S.

9. Name and Address of Current Registered Agent

**GREGORY, ROWLAND E JR.
 2430 TERMINAL DRIVE SOUTH
 ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. 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, 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]* DATE: **4-29-97**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PV	<input type="checkbox"/>
NAME	GREGORY, ROWLAND	
STREET ADDRESS	7498 WATERSILK DRIVE	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	TS	<input type="checkbox"/>
NAME	TAMAYO, WILLIAM	
STREET ADDRESS	14806 DARTMOOR LANA	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	GREGORY, ROWLAND E JR.		
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	14606 DARTMOOR LANE		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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]* DATE: **4-29-97** DAYTIME PHONE: **813-327-7666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)