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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State • DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000071354** (0)

ALLIED ROOFING CONTRACTORS INC.

Principal Place of Business Mailing Address

2211 ROSE BLVD.

ORLANDO FL 32839 CALANDO FL 32839-3813

## FILED May 02 1997 8:00am Secretary of State

						3. Date Incorporated 08/26/1996	or Qualified	3a. Date o	Last Re	eport
2. Principal Pla	ace of Business	2a. Mailin	g Address	***************************************	· · · · · · · · · · · · · · · · · · ·		929117	09	Api	olied For
1 Sm	NE	26	SAME	•		897-44-94	34	•	Not	Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		<u> </u>	City & State			B. Election Campaign Financing     Trust Fund Contribution     Added to Fees				
Z(p)	Country 25	Zip		Country 30	y	8. This corporation ha	as liability for inte		under s.	<del></del>
<u></u>	9. Name and Address of C	Current Registered A	\gent	<u> </u>		10. Name and Addres	s of New Regis	tered Ager	nt	,, ,
SMIT	H, DALE W			81	Name					
2211 ROSE BLVD. ORLANDO FL 32839				82	Stroot Ad	dress (P.O. Box Number is Not Acceptable)				
				\°*	SuperAu	Address (P.O. Box Number is Not Acceptable)				
<b>0.</b>				83	<u> </u>					
•				84	City			E   85	Zip C	Code
office or re agent 1 a	o the provisions of Sections 60 egistered agent, or both, in the nearminar with, and accept the	07.0502 and 607.1500 State of Florida. Suc obligations of, Section	8. Florida Statut in change was on 607.0505, Fl	tes, the above authorized borida Statute	re-named co y the corpor s.	rporation submits this state ation's board of directors, I	ment for the pur hereby accept t	he appointr	nging its nent as i	registered egistered
SIGNATURE:	Signature, typed or printed name of registr	ared agent and title if applica	TON) Bld	E: Registered Ag	ent signature rec	ulred when reinstating)		DATE		
2.	OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICE	S AND DIF	ECTORS	S IN 12
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1 do necesty certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. If 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

4-10-97

407-851-4446

ne Phone # 0096255