

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90080 048 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S76627**

1. Corporation Name  
**MUELLER ROOFING, INC.**

Principal Place of Business  
**1403 S. PATRICK DR., #20  
INDIAN HARBOUR BEACH FL 32937**

Mailing Address  
**1403 S. PATRICK DR., #20  
INDIAN HARBOUR BEACH FL 32937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/28/1991</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3097718</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For <b>Not Applicable</b>	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>29</b>		Zip <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Zip <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MUELLER, STANLEY J  
335 GRANT AVE  
SATELLITE BEACH FL 32937**

*Address change →*

**10. Name and Address of New Registered Agent**

81 Name	<b>Mueller, Stanley J.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>1403 So Patrick Dr #20</b>
84 City	<b>Indian Harbour Bch FL</b>
85 Zip Code	<b>32937</b>

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>VP</b>
NAME	<b>MUELLER, STANLEY J</b>	1.2 NAME	<b>Samuel Glen Perry</b>
STREET ADDRESS	<b>335 GRANT AVE</b>	1.3 STREET ADDRESS	<b>3141 Mary St.</b>
CITY-ST-ZIP	<b>SATELLITE BCH FL</b>	1.4 CITY-ST-ZIP	<b>West Melbourne Fl, 32904</b>
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>MOORE, MICHAEL A</b>	2.2 NAME	
STREET ADDRESS	<b>2845 TROPIC ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPOM</b>	3.1 TITLE	
NAME	<b>HERR, WILLIAM J</b>	3.2 NAME	
STREET ADDRESS	<b>6879 IDLEWYLE CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

**SIGNATURE:**

*Stanley J. Mueller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**  
Date

**773-7597**  
Daytime Phone #

CR2E034 (11/98)