


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

FILED  
Apr 25 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 # <b>S82860</b> (5)			
1. Corporation Name <b>ALL FLORIDA ROOFING &amp; CONSTRUCTION, INC.</b>			
Principal Place of Business <b>1672 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176</b>		Mailing Address <b>POST OFFICE BOX 9263 DAYTONA BEACH FL 32120-9263</b>	
2. Principal Place of Business		2a. Mailing Address	
21. <b>3491 Old Deland Rd</b>	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>09/25/1991</b>	
22. City & State <b>Daytona FL</b>	27. City & State	3a. Date of Last Report <b>10/30/1996</b>	
23. Zip <b>32120</b>	28. Zip	4. FEI Number <b>59-3099919</b>	
24. Country <b>Vol.</b>	29. Country	Applied For <input type="checkbox"/> Not Applicable	
g. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>RODGERS, RICHARD 3491 OLD DELAND ROAD DAYTONA BEACH FL 32120</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
81. Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
82. Street Address (P.O. Box Number is Not Acceptable)		10. Name and Address of New Registered Agent	
83.		84. City <b>FL</b>	
84. City		85. 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, 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 re-stating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODGERS, RICHARD C. SR.</b>	1.2 NAME	
STREET ADDRESS	<b>1672 JOHN ANDERSON DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODGERS, RICHARD C. JR.</b>	2.2 NAME	
STREET ADDRESS	<b>3491 OLD DELAND ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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: <i>Richard Rodgers</i> <b>Richard Rodgers</b>		4/16/97 248-0247	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Month/Year	

CR2E034 (9/96)