

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 17 1997 8:00am  
Secretary of State

DOCUMENT # S99877 (0)

1. Corporation Name  
COMMERCIAL ROOFING TECHNOLOGIES, INC.

Principal Place of Business  
7910 PROFESSIONAL PLACE  
TAMPA FL 33637  
US

Mailing Address  
P.O. BOX 281187  
TAMPA FL 33687-1187  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1991		3a. Date of Last Report 05/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3096855		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIS, JEFFREY D. 13740 DORMAN LITHIA FL 33547				2112 Martin Road Dover, Florida 33527			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	DVS	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	WILLIS, DAVID H.			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2760 BUCKHORN OAKS			1.2 NAME			
CITY-ST-ZIP	VALRICO FL			1.3 STREET ADDRESS			
TITLE	DP	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
NAME	WILLIS, JEFFREY D			2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	13740 DORMAN			2.2 NAME			
CITY-ST-ZIP	LITHIA FL			2.3 STREET ADDRESS	2112 Martin Road		
TITLE	T	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	Dover, Florida 33527		
NAME	DAVIS, LOYAL R			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2809 BRUTON RD			3.2 NAME			
CITY-ST-ZIP	PLANT CITY FL			3.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
NAME				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
NAME				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
NAME				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				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: Jeffrey D. Willis

4/7/97 (813)989-2356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0371421

CR2E034 (9/96)