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1995 JUN 26 AM 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra S. Murdick
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F92000000655 (2)
 1. Corporation Name
BEST ROOFING TECHNOLOGY, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 10803 RALEIGH NC 27605 **POST OFFICE BOX 10803 RALEIGH NC 27605**

400001395044
-02/01/95--01039--028
 DO NOT WRITE IN THIS SPACE

21	26	22	27	23	28	24	25	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1992		05/01/1994		56-1616029	
City & State		City & State		5. Certificate of Status Desired		5. Election Campaign Financing Trust Fund Contribution		Applied For / Not Applicable	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WARREN, RALPH
430 BOXWOOD CIRCLE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 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	S
NAME	DUDLEY, MARY
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC
TITLE	D
NAME	LIPPMAN, MARK
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC 27607
TITLE	D
NAME	BARNES, DIANNE
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC 27607
TITLE	P
NAME	BARNES, DAVID
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC 27607
TITLE	P
NAME	BARNES, DAVID
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC 27607
TITLE	VP
NAME	LIPPMAN, MARK
STREET ADDRESS	1612 DIXIE TRAIL
CITY-ST-ZIP	RALEIGH NC 27607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

(Handwritten signature and initials over section 13)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C. Dudley 1-18-95 (919) 781-9408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)