

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000655 (2)**

1. Corporation Name  
**BEST ROOFING TECHNOLOGY, INC.**



Principal Place of Business

POST OFFICE BOX 10803  
RALEIGH NC 27605

Mailing Address

POST OFFICE BOX 10803  
RALEIGH NC 27605

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WARREN, RALPH  
430 BOXWOOD CIRCLE  
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

01/26/1995

4. FEI Number

56-1616029

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18 Laurel Terrace Oaks Dr #204

83

84 City

Winter Springs

FL

85 Zip Code

32708

11. Pursuant to the provisions of Sections 617.05(4) and 617.15(9), 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 617.05(4), Florida Statutes.

SIGNATURE

12. Name and Title of Signing Officer or Director

13. Name and Title of Signing Officer or Director

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

S  
DUDLEY, MARY

DELETE

1. TITLE

Change  Addition

2. STREET ADDRESS

1612 DIXIE TRAIL

2. NAME

1108 Nowell Rd  
Raleigh, NC 27607

3. CITY, STATE, ZIP

RALEIGH NC

3. STREET ADDRESS

Change  Addition

4. TITLE

D

4. TITLE

Change  Addition

5. NAME

LIPPMAN, MARK

DELETE

5. NAME

6. STREET ADDRESS

1612 DIXIE TRAIL

6. NAME

7. CITY, STATE, ZIP

RALEIGH NC 27607

7. STREET ADDRESS

Change  Addition

8. TITLE

D

8. CITY, STATE, ZIP

Change  Addition

9. NAME

BARNES, DIANNE

DELETE

9. NAME

10. STREET ADDRESS

1612 DIXIE TRAIL

10. STREET ADDRESS

Change  Addition

11. CITY, STATE, ZIP

RALEIGH NC 27607

11. CITY, STATE, ZIP

Change  Addition

12. TITLE

P

12. CITY, STATE, ZIP

Change  Addition

13. NAME

BARNES, DAVID

DELETE

13. NAME

14. STREET ADDRESS

1612 DIXIE TRAIL

14. STREET ADDRESS

Change  Addition

15. CITY, STATE, ZIP

RALEIGH NC 27607

15. CITY, STATE, ZIP

Change  Addition

16. TITLE

P

16. CITY, STATE, ZIP

Change  Addition

17. NAME

BARNES, DAVID

DELETE

17. NAME

18. STREET ADDRESS

1612 DIXIE TRAIL

18. STREET ADDRESS

Change  Addition

19. CITY, STATE, ZIP

RALEIGH NC 27607

19. CITY, STATE, ZIP

Change  Addition

20. TITLE

VP

20. CITY, STATE, ZIP

Change  Addition

21. NAME

LIPPMAN, MARK

DELETE

21. NAME

22. STREET ADDRESS

1612 DIXIE TRAIL

22. STREET ADDRESS

Change  Addition

23. CITY, STATE, ZIP

RALEIGH NC 27607

23. CITY, STATE, ZIP

Change  Addition

24. TITLE

VP

24. CITY, STATE, ZIP

Change  Addition

25. NAME

LIPPMAN, MARK

DELETE

25. NAME

26. STREET ADDRESS

1612 DIXIE TRAIL

26. STREET ADDRESS

Change  Addition

27. CITY, STATE, ZIP

RALEIGH NC 27607

27. CITY, STATE, ZIP

Change  Addition

28. TITLE

VP

28. CITY, STATE, ZIP

Change  Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information provided on this and in respect of 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If signed by a third party, an address.

SIGNATURE: *Dale Beaman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 4198513009

CR2E034 (12/95)