

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90100 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000655
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/14/1992	
4. FEI Number 56-1616029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RASH, RICKY
1327 HARTLEY CR
DELTONA FL 32725

new address

10. Name and Address of New Registered Agent

81 Name RICKY RASH	
82 Street Address (P.O. Box Number is Not Acceptable) 5717 WEST STREET	
83	
84 City DELEON SPRINGS	85 Zip Code FL 32130

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	DUDLEY, MARY
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	D <input type="checkbox"/> DELETE
NAME	LIPPMAN, MARK
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	D <input type="checkbox"/> DELETE
NAME	BARNES, DIANNE
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	P <input type="checkbox"/> DELETE
NAME	BARNES, DAVID
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	P <input type="checkbox"/> DELETE
NAME	BARNES, DAVID
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	VP <input type="checkbox"/> DELETE
NAME	LIPPMAN, MARK
STREET ADDRESS	1108 NOWELL ROAD
CITY-ST-ZIP	RALEIGH NC

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	

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: Mary Dudley Mary Dudley 1-7-98 (919) 851-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)