

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PH 4:28

DOCUMENT # **450948** (5)

1. Corporation Name  
**MIKE HARRELL ROOFING, INC.**

Principal Place of Business Mailing Address  
**1239 W. GAMES ST.  
PO BOX 20421  
TALLAHASSEE FL 32316**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/22/1974** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1519775** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, 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  
**HARRELL, T MICHAEL  
1005 SHALIMAR DR.  
TALLAHASSEE FL 32312**

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 registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, T MICHAEL	1.2 NAME	
STREET ADDRESS	1005 SHALIMAR DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, NANCY P.	2.2 NAME	Harrell, Nancy P.
STREET ADDRESS	1005 SHALIMAR DR.	2.3 STREET ADDRESS	1005 Shalimar Drive
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	Tallahassee, FL 32312
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WENDELL R	3.2 NAME	
STREET ADDRESS	3809 FRED GEORGE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	X S	4.1 TITLE	Delete this person <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNER, DEBRA M	4.2 NAME	
STREET ADDRESS	205 KINGSVIEW DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL X	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Nancy P. Harrell* Secretary-Treasurer March 1, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR