FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:48

DOCUMENT # **F61431** **(5)**

1. Corporation Name
HOLLOWAY ROOFING, INC.

Principal Place of Business
% WILLIAM HOLLOWAY
3661 62ND AVENUE NORTH
PINELLAS FL 34665

Mailing Address
% WILLIAM HOLLOWAY
3661 62ND AVENUE NORTH
PINELLAS FL 34665

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/05/1982
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2147102 — 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

9. Name and Address of Current Registered Agent
HOLLOWAY, WILLIAM
3661 62ND AVENUE NORTH
PINELLAS FL 34665

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: WILLIAM F. HOLLOWAY (PRESIDENT) — Signature (typed or printed name of registered agent followed by title if applicable) — William F. Holloway (pres). — NOTE: Registered Agent signature required when resigning — 1-11-95 DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLOWAY, WILLIAM
STREET ADDRESS	6027 KIPPS COLONY DR E.
CITY ST ZIP	GULFPORT FL
TITLE	ST
NAME	HOLLOWAY, PEGGY
STREET ADDRESS	6027 KIPPS COLONY DR E.
CITY ST ZIP	GULFPORT FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☑ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	33707
2.1 TITLE	☐ Change ☑ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	33707
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(j), 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: William F. Holloway — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — William F. Holloway — 1-11-95 Date — 813-525-2262 Daytime Phone #

0364687 CP