

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H27963 (8)**  
1. Corporation Name  
**MARKON/SERVICE ROOFING AND AIR CONDITIONING COMP ANY**

**FILED**

**95 MAY - 1 PM 1:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**604 NW 1ST AVENUE 604 NW 1ST AVENUE  
P.O. BOX 1628 P.O. BOX 1628  
OCALA FL 32678 Ocala FL 32678**

3. Date Incorporated or Qualified **10/30/1984** 3a. Date of Last Report **02/23/1994**  
4. FEI Number **59-2462556** 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 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**SHANAHAN, TIMOTHY S.  
2122 SE 11 STREET  
OCALA 32671**

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 reappointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b>
NAME	<b>ESBENSHADE, HARRY H. JR.</b>
STREET ADDRESS	<b>401 COUNTRY CLUB DR</b>
CITY - ST - ZIP	<b>VIENNA, W VA</b>
TITLE	<b>VD</b>
NAME	<b>ESBENSHADE, JOHN S.</b>
STREET ADDRESS	<b>1123 SE 13TH AVE</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	<b>VSD</b>
NAME	<b>ESBENSHADE, HARRY H., II</b>
STREET ADDRESS	<b>ESBENSHADE, HARRY H. III</b>
CITY - ST - ZIP	<b>VIENNA, W VA</b>
TITLE	<b>TD</b>
NAME	<b>CAIN, MICHAEL D.</b>
STREET ADDRESS	<b>5108 GLENBROOK DR.</b>
CITY - ST - ZIP	<b>VIENNA, W. VA.</b>
TITLE	<b>PD</b>
NAME	<b>SHANAHAN, TIMOTHY S.</b>
STREET ADDRESS	<b>2122 SE 11 STREET</b>
CITY - ST - ZIP	<b>OCALA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Cain 4/26/95 (204) 295-3211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)