

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 148863

(4)

95 JUN 15 AM 11:54

1. Corporation Name

J.M. MONTGOMERY ROOFING CO., INC.

Principal Place of Business

Mailing Address

9950 S.W. 168TH TERRACE
MIAMI FL 33157

9950 S.W. 168TH TERRACE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1946

3a. Date of Last Report

04/18/1994

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

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4. FEI Number

59-0562056

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

CATLIN, H JAMES, JR
169 E. FLAGLER ST., SUITE 1700
SUITE 800
MIAMI FL 33131

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

TD

NAME

STODDART, JOHN

STREET ADDRESS

9950 SW 168 TERR

CITY ST ZIP

MIAMI FL

TITLE

PD

NAME

JENKINS, JENA K

STREET ADDRESS

6460 SW 73 ST

CITY ST ZIP

S. MIAMI FL

TITLE

TD

NAME

JENKINS, FRANK E.

STREET ADDRESS

9950 SW 168 TERR.

CITY ST ZIP

MIAMI FL

TITLE

VD

NAME

NEWBERG, CRAIG

STREET ADDRESS

4061 SW 82 TERR

CITY ST ZIP

DAVIE FL

TITLE

SD

NAME

RENAUD, CARLOS

STREET ADDRESS

9455 W. FLAGLER ST., #C-702

CITY ST ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☒ Change ☐ Addition

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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)(a), 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 its 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 amendment with an address.

SIGNATURE:

JENA K JENKINS

6/9/95

2322640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number