FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # **221164** **(7)**

1. Corporation Name

PROGRESSIVE ROOF & SHEET METAL CO INC

Principal Place of Business

1300 NORTH PACE BBOULEVARD
POST OFFICE BOX 18448
PENSACOLA FL 32523

Mailing Address

1300 NORTH PACE BBOULEVARD
POST OFFICE BOX 18448
PENSACOLA FL 32523

3. Date Incorporated or Qualified: **03/10/1959**

3a. Date of Last Report: **09/25/1995**

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

4. FEI Number: **59-0864477** ☐ 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

SATTERWHITE,D R
5902 KENDALL AVE
PENSACOLA FL 32506

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 607.1503, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SATTERWHITE,D R		1.2 NAME	
STREET ADDRESS	5902 KENDAL AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFHEINZ,ANGELA		2.2 NAME	
STREET ADDRESS	6405 TIPPIN AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SATTERWHITE,EDNA K		3.2 NAME	
STREET ADDRESS	5902 KENDAL AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOFHEINZ, ANGELA		4.2 NAME	
STREET ADDRESS	6405 TRIPPIN AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 added to the report with an address.

SIGNATURE: D.R. Satterwhite D.R. SATTERWHITE **2/12/96** **904-432-1619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)