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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23, 1996 08:00 AM  
Secretary of State

DOCUMENT # 282380

(5)

1. Corporation Name

FLORIDA ROOF TRUSS COMPANY

Principal Place of Business

377 N.W. 14TH ST  
OCALA FL 34475  
US

Mailing Address

377 N.W. 14TH ST  
OCALA FL 32670-4537

3. Date Incorporated or Qualified  
07/16/1964

3a. Date of Last Report  
06/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34478

25 Country

2a. Mailing Address

26 Ocala, FL 34478 Box 1389

27 Suite, Apt. #, etc.

28 City & State

29 Zip 34478

30 Country

4. FEI Number

59-1053043

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

MOXON, JAMES G  
377 N W 14TH ST  
OCALA FL 32670

delete

10. Name and Address of New Registered Agent

81 Name

Henry J.G.Moxon

82 Street Address (P.O. Box Number is Not Acceptable)

377 N.W.14th St.

83

c/o P.O.Box 1389

84 City

Ocala, FL.

FL

85 Zip Code

34478

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's Signature required on this form.)

Henry J.G.Moxon

4/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MOXON, JAMES G  
STREET ADDRESS 1317-N MAGNOLIA AVE  
CITY-ST-ZIP Ocala FL

TITLE VDS ☒ DELETE

NAME MOXON, HENRY J G  
STREET ADDRESS 700 SE 51ST AVE  
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Henry J.G.Moxon  
1.3 STREET ADDRESS 377 N.W.14th St.  
1.4 CITY-ST-ZIP Ocala, FL. 34478

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME Donald G. Swearingen  
2.3 STREET ADDRESS 377 N.W.14th St.  
2.4 CITY-ST-ZIP Ocala, FL. 34478

3.1 TITLE T/D ☐ Change ☒ Addition

3.2 NAME Marjorie L. Swearingen Moxon  
3.3 STREET ADDRESS 377 N.W.14th St.  
3.4 CITY-ST-ZIP Ocala, FL. 34478

4.1 TITLE S/D ☐ Change ☒ Addition

4.2 NAME Marjorie A.M. Swearingen  
4.3 STREET ADDRESS 377 N.W.14th St.  
4.4 CITY-ST-ZIP Ocala, FL. 34478

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry J.G.Moxon

Date

4/15/96

752-0167

Daytime Phone #

CR2E034 (12/95)