SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **315010** **(9)**

1. Corporation Name
COLLIER COUNTY ROOFING CORP

Principal Place of Business	Mailing Address
3927 EXCHANGE AVE. **NAPLES FL 33942**	**3927 EXCHANGE AVE.** **NAPLES FL 33942**

3. Date Incorporated or Qualified: **03/22/1967**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1164505** ☐ 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

LEVINE, ALAN L.
2430 SHADOW LAWN DR STE 18
NAPLES FL 33962

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	11 TITLE	Secretary - Treasurer	☐ Change ☑ Addition
NAME	**PREWITT,ARTHUR J**		12 NAME	Laurie A. Farina	
STREET ADDRESS	**5161 1ST AVENUE N.W.**		13 STREET ADDRESS	3927 Exchange Ave.	
CITY-ST-ZIP	**NAPLES FL**		14 CITY-ST-ZIP	Naples, FL. 33942	
TITLE	**VP**	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	**DOLL, PHILLIP E**		22 NAME		
STREET ADDRESS	**3927 EXCHANGE AVE.**		23 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		24 CITY-ST-ZIP		
TITLE	**VP**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**DOLL, ROBERT D**		32 NAME		
STREET ADDRESS	**3927 EXCHANGE AVENUE**		33 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		34 CITY-ST-ZIP		
TITLE	**ST**	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	**DAVIS, RAMONA L.**		42 NAME		
STREET ADDRESS	**3927 EXCHANGE AVE**		43 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		44 CITY-ST-ZIP		
TITLE	**VP**	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	**PREWITT, MARY MARGARET**		52 NAME		
STREET ADDRESS	**3927 EXCHANGE AVE**		53 STREET ADDRESS		
CITY-ST-ZIP	**NAPLES FL**		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: Ramona L. Davis 6/10/96 (941)643-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #