

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 370775 (9)

1. Corporation Name
PAUL WINSLOW ROOFING INSPECTIONS, INC.



Principal Place of Business
8488 JENNY CAE LN
P.O. BOX 05338
N FORT MYERS FL 33903

Mailing Address
8488 JENNY CAE LN
P.O. BOX 05338
N FORT MYERS FL 33903

3. Date Incorporated or Qualified 10/06/1970 3a. Date of Last Report 07/21/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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4. FEI Number 59-1307056
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

WINSLOW, PAUL H
8488 JENNY CAE LN
N FORT MYERS, FL 33903

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 below of registered agent, if applicable

Signature typed or printed below of new registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE DPT
1.2 NAME WINSLOW, PAUL H
1.3 STREET ADDRESS 8488 JENNY CAE LANE
1.4 CITY-ST-ZIP N FORT MYERS FL
1.5 TITLE VTS
1.6 NAME WINSLOW, SANDRA M
1.7 STREET ADDRESS 8488 JENNY CAE LANE
1.8 CITY-ST-ZIP N FORT MYERS FL
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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6-17-96
OK

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)(b), 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
SANDRA M. WINSLOW

U.P.

6/2/96

941-995-4389

CR2E034 (12/95)