

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:17

DOCUMENT # 384948

(6)

1. Corporation Name

PACKARD ROOFING CO., INC.

Principal Place of Business

Mailing Address

12143 SW 114TH PLACE
MIAMI FL 33176
US

12143 SW 114TH PLACE
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/30/1971

07/12/1994

4. FEI Number

Applied For

59-1352131

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

2. Principal Place of Business

2a. Mailing Address

21 12143 SW 114 PL

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Miami FL

27 City & State

24 Zip 33176 25 Country DADE

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACKARD, DAVID
12143 S.W. 114TH PLACE
MIAMI FL 33176

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PST	PACKARD, DAVID	
		12143 SW 114TH PLACE	
		MIAMI FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY - ST - ZIP	Change	Addition
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	☐	☐

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 110.07(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:

DAVID PACKARD

6/15/95

(407) 468-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Keyring Number