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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

	996	Sec.	DIVISION OF C	ORPORATION	DNS			
DOCUN 1. Corporation		172	(2)					
•	OHMAN ROOFING CO.,	INC.						
******						1881 8188 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 1888 18		
Principal Place	of Business	Mailing	Address	· • • • • • • • • • • • • • • • • • • •				
281 KING ST.			281 KING ST.					
	ILLEFL 32204		CKSONVILLEFL 3	2204				
						3. Date Incorporated or Qualified	3a. Date of La	ıst Report
						11/27/1972	04/	10/1995
2. Principal Place of Business			2a. Mailing Address			4. FLI Number		Applied For
Suite Apt #	olo.	26	Act to ob.			59-1437665		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State			& State	·		6. Election Campaign Financing		5.00 May Be
23		28				Trust Fund Contribution		dded to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		ler s 199.032,	
24	9. Name and Address of Curre	29		30			□ No	
	9. Name and Address of Curr	ent Registered	Agent	81	Namo	10. Name and Address of New F	legistered Agen	<u> </u>
DENN	EN, JERRY C.							
	23RD ST.			82	Street A	kddress (P.O. Box Number is Not Acceptab	ole)	
	SONVILLE FL 32206			83				
				0.4				
				84	,		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.150	8, Florida Statutes	the above r	ramed co	poration submits this statement for the pur	pose of changing	its registered office
familiar with	n, and accept the obligations of, Se	nda Such char ction 607.0505,	ige was authorized Florida Statutes.	a by the corp	oration's t	poard of directors. Thereby accept the appr	ointment as regist	ered agent. I am
SIGNATURE _								
12.	Signature, typied or printed name of registered agont and time in OFFICERS AND DIRECT				quired when recistating ADDITIONS/CHANGES TO OFF	DATE.	CTORS IN 12	
TITLE	P	NE EN LEGION	DELFTE	1 I TIELE				nge Addition
NAME	REDDEN, JERRY			1.2 NAME		Secretary & Treasu	ırer 🗀 🐃	YY
STREET ADDRESS	667 E. 23RD ST.			13 STREET	ADDRESS	Redden, Jerry 667 E. 23rd St.		
CiTY-ST-ZIP	JACKSONVILLE FL			1.4 CITY - S	T - ZiP	Jacksonville, Fl.	32206	
THILE	VP		☐ DELETE	2 1 TITLE		Vacabonville, III	Cha	nge 🔲 Addition
NAME	redden, Jerry Lynn			2.2 NAME				
S'REET ADDRESS	323 KING ST.			23 STREE1	ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL		E DE L'	24 C!IY - S	1 - ZIP			
TITLE	VP		DECETE	3 1 1111.6	İ		☐ Cha	nge
NAME STREET ADDRESS	REDDEN, RODNEY 127 SPRING ST.			3.2 NAME	Monree			
CITY - ST - ZIP	JACKSONVILLE FL			3.3 STREE	F			
TIFLE	STOTIONITIES I E		DELETE	34 C/1Y-S 4 1 T.TLF	ZIF		□ Cha	nge 🗍 Addition
NAME				4.2 NAME				a- [] (100ston
STHEET ADDRESS				4.3 STREET	ADDRESS			,
CITY - ST- ZIP				4.4 C-1Y - S	1 - ZIP			
TITLE			DELFTE	5 1 TITLE			☐ Cha	nge 🔲 Addition
NAME				5.2 NAME	·			
STREET ADDRESS				5 3 STREET	ADDRESS			
City-St-7IP			FIDELES	54 CHY S	T - ZIF'			
TITLE			DELETE	6 1 TITLE			☐ Cha	nge 🗌 Addition
NAME OTHER ADDRESS				6.2 NAME	Annor co			
STREET ADDRESS C:TY-ST-Z:P				€ 3 STREET				
	certify that the information supplier	l with this filing i	is voluntarily furnist	64 City - S bed and does		ify for the exemption stated in Section 119.	N7/31/KL Florido Q	totutos I further

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:

SUND THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (904) 3873160

CR2E034 (12/95)