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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mottson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 504698 (2)

95 MAR -7 PM 3:39

1. Corporation Name

BAILLIE ROOFING & CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5916 RIDGE RD. NEW PT RICHEY, FL 34668
P O BOX 187
ELFERS FL 34680

Mailing Address

5916 RIDGE RD. NEW PT RICHEY, FL 34668
P O BOX 187
ELFERS FL 34680

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1976

3a. Date of Last Report

03/11/1994

4. FEI Number

59-1664808

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

TROXELL, BOBBY
6753 RANCHWOOD LOOP
NEW PORT RICHEY FL 34653

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 name of registered agent and the corporation

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME MCDONALD, LYCIA
STREET ADDRESS 6770 RANCHWOOD LOOP
CITY- ST- ZIP NEW PORT RICHEY FL

TITLE VP
NAME TROXELL, BOBBY
STREET ADDRESS 6753 RANCHWOOD LOOP
CITY- ST- ZIP NEW PORT RICHEY FL

TITLE P
NAME MCDONALD, BRADFORD B
STREET ADDRESS 6770 RANCHWOOD LOOP
CITY- ST- ZIP NEW PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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

14. I 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 included 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:

Bobby J. Troxell

Bobby J. Troxell 02/10/95 813-819-2183

Signature and typed or printed name of signing officer or director

Date

Telephone Number