

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 542701 (8)
1. Corporation Name
RESERVE ROOFING FLORIDA, INC.

95 FEB 14 PM 3:59

Principal Place of Business Mailing Address
667 HAROLD AVENUE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/10/1977	02/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1760475	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SELLERS, DONALD L.
667 HAROLD AVENUE
WINTER PARK, FL
32789

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

Donald L. Sellers, President

SIGNATURE: *Donald L. Sellers* DATE: **2-10-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYFFE, ARLENE K.	1.2 NAME	
STREET ADDRESS	2418 TUSCARORA TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDINA, EILEEN C	2.2 NAME	
STREET ADDRESS	1122 MERRIMAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KATHLEEN M	3.2 NAME	
STREET ADDRESS	674 HOGUE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDINA, JOSEPH C	4.2 NAME	
STREET ADDRESS	1122 MERRIMAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDINA, EILEEN C	5.2 NAME	
STREET ADDRESS	1122 MERRIAMN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 00000	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, DONALD L.	6.2 NAME	
STREET ADDRESS	1280 SECTION LINE TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725	6.4 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)(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 this 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 checked, or on an attachment with an address.

SIGNATURE: *Arlene K. Fyffe, sec 1 Dir* DATE: **2-10-95** **407-644-6132**
SIGNATURE AND TYPED OR PRINTED NAME OF LIMITED OFFICER OR DIRECTOR