FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 20 AM 11:19

DOCUMENT # 656111 (2)

1. Corporation Name
METCALF ROOFING, INC.

Principal Place of Business	Mailing Address
C/O JOHN T. METCALF 6503 N.W. 66TH WAY PARKLAND FL 33067	C/O JOHN T. METCALF 6503 N.W. 66TH WAY PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1980
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21: 6502 NW 66 WAY
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 6502 NW 66 WAY
27: Suite, Apt. #, etc. Parkland, FL
28: City & State Parkland, FL
29: Zip 33067
30: Country Broward

4. FEI Number: 59-2020003 ☐ 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

METCALF, JOHN T.
6503 NW 66 WAY
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name: Metcalf John T.
82 Street Address (P.O. Box Number is Not Acceptable): 6502 NW 66 WAY
83:
84 City: Parkland 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: John T. Metcalf — John T. Metcalf — 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	METCALF, MELVIN	1.2 NAME		
STREET ADDRESS	200 SW 32ND AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	METCALF, DANNY	2.2 NAME		
STREET ADDRESS	200 SW 32ND AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	METCALF, JOHN T.	3.2 NAME		
STREET ADDRESS	2230 NW 40TH TERR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☐ Change ☒ Addition
NAME	Jeffrey L. Metcalf	4.2 NAME	Jeffrey L. Metcalf	
STREET ADDRESS	6921 NW 9ST.	4.3 STREET ADDRESS	6921 NW 9ST.	
CITY-ST-ZIP	Margate, FL.	4.4 CITY-ST-ZIP	Margate, FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: John T. Metcalf John T. Metcalf 1-13-95 (305) 219-5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110451 CP