

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 690876 (8)

1. Corporation Name

HOMESTEAD ROOFING, INC.

Principal Place of Business

11411 - 77 AVE N
SEMINOLE FL 34642

Mailing Address

11411 - 77 AVE N
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1981

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2111407

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

GECHTER, DONNA R
11411 77 AVENUE N.
SEMINOLE FL 34642

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GECHTER, RICK L.
STREET ADDRESS	11411 77 AVENUE N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	S
NAME	GECHTER, DONNA R
STREET ADDRESS	11411 77 AVENUE N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	VP
NAME	IRWIN, ROBERT
STREET ADDRESS	2084-62 AVE. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

Rick L. Gechter

3-19-95

813-

397-0624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Daytime Phone #)