

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # F92000000545 (5)

1. Corporation Name

HUNTINGTON ROOFING INC.



Principal Place of Business

**910 N. HIGHLAND AVE.
INDIANAPOLIS IN 46202**

Mailing Address

**910 N. HIGHLAND AVE.
INDIANAPOLIS IN 46202**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HUNTINGTON, JAMES R
2163 ACORN MANOR
MIDDLEBURG FL 32068**

81 Name

HUNTINGTON, ROBERT F.

82 Street Address (P.O. Box Number is Not Acceptable)

1920 EDGEWOOD

83

#R12

84 City

LAKELAND

FL

85

Zip Code
33803

11. Pursuant to the provisions of Sections 607.0605 and 607.1408, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.2508, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

15, Mar 1996

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

HUNTINGTON, MARY ANN

STREET ADDRESS

5145 FALL CREEK RD.

CITY-STATE-ZIP

INDIANAPOLIS IN 46220

TITLE

VP

NAME

HUNTINGTON, JAMES ROBERT

STREET ADDRESS

7933 RIDGEGATE W. DR.

CITY-STATE-ZIP

INDIANAPOLIS IN 46236

TITLE

S

NAME

HUNTINGTON, DAVID MICHAEL

STREET ADDRESS

12053 LAUREL OAKS DR.

CITY-STATE-ZIP

INDIANAPOLIS IN 46220

TITLE

T

NAME

HUNTINGTON, ROBERT FREEMAN

STREET ADDRESS

5145 FALL CREEK RD.

CITY-STATE-ZIP

INDIANAPOLIS IN 46220

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(5), 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, with an attachment of will, and a filing.

SIGNATURE:

[Signature] Secretary

3/15/96

317-635-2928

CR2E034 (12/95)