**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

APPROVED AND FILED
95 APR 28 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001874 (7)

1. Corporation Name
NATIONAL ROOFING OF SOUTH FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 4871<br>BALTIMORE MD 21211 | P.O. BOX 4871<br>BALTIMORE MD 21211 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 52-0812654 ☐ 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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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

CRISPINO, CARLO L
~~19850 W. DIXIE HWY., LOT B209~~ 6Y2 Deerhurst Dr
~~N MIAMI BEACH FL 33180~~ Melbourne FL 32940

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: Carlo L Crispino — 4/1/95
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 | CP | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | CRISPINO, CARLO L | 12 NAME | | |
| STREET ADDRESS | 19850 W. DIXIE HWY., LOT B209 | 13 STREET ADDRESS | 6Y2 Deerhurst Dr | |
| CITY-ST-ZIP | N MIAMI BEACH FL 33180 | 14 CITY-ST-ZIP | Melbourne FL 32940 | |
| TITLE | VCV | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | CRISPINO, LOUIS T | 22 NAME | | |
| STREET ADDRESS | 2215 CROSS COUNTRY BOULEVARD | 23 STREET ADDRESS | 916 Hillstead Dr | |
| CITY-ST-ZIP | BALTIMORE MD 21209 | 24 CITY-ST-ZIP | Lutherville MD 21093 | |
| TITLE | DS | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | CRISPINO, ROSE M | 32 NAME | | |
| STREET ADDRESS | 19850 W. DIXIE HWY., LOT B209 | 33 STREET ADDRESS | 6Y2 Deerhurst Dr | |
| CITY-ST-ZIP | N. MIAMI BEACH FL 33180 | 34 CITY-ST-ZIP | Melbourne FL 32940 | |
| TITLE | DT | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ZAPORA, DEBORAH L | 42 NAME | | |
| STREET ADDRESS | 1335 VOULOIR COURT | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | FALLSTON MD 21047 | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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:** Deborah L. Zapora — 2/24/95 — (410) 235-5827
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DEBORAH L. ZAPORA

0987601 FP