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95 APR 17 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G66547 (2)**

1. Corporation Name  
**POWELL ROOFING, INC.**  
*AMENDED*

Principal Place of Business <b>530 BUSINESS PARKWAY, BAY 2 ROYAL PALM BEACH FL 33411</b>	Mailing Address <b>530 BUSINESS PARKWAY, BAY 2 ROYAL PALM BEACH FL 33411</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/18/1983</b>	3a. Date of Last Report <b>06/02/1994</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2364660</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERINGEN, FRANK VAN ATTY.  
870 HICKORY TRAIL  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81. Name **WALLACE W. POWELL**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**163 MARTIN CIRCLE**  
83.   
84. City **ROYAL PALM BEACH FL** 85. Zip Code **33411**

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 **WALLACE W. POWELL PRESIDENT** *Wallace W. Powell* **4/11/95**  
Signature (typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>POWELL, WALLACE W</b>
STREET ADDRESS	<b>163 MARTIN CIRCLE</b>
CITY - ST - ZIP	<b>ROYAL PALM BCH. FL 33411</b>
TITLE	<b>VP</b>
NAME	<b>POWELL, RUSSELL C</b>
STREET ADDRESS	<b>100 DOVE CIRCLE</b>
CITY - ST - ZIP	<b>ROYAL PALM BEACH FL 33411</b>
TITLE	<b>S</b>
NAME	<b>POWELL, VICKIE</b>
STREET ADDRESS	<b>183 MARTIN CIRCLE</b>
CITY - ST - ZIP	<b>ROYAL PALM BCH. FL 33411</b>
TITLE	<b>S</b>
NAME	<b>NOWLING, CHARLES C</b>
STREET ADDRESS	<b>1535 W. ELAINE CIRCLE</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33417</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>RAUBY M. INMAN</b>
13 STREET ADDRESS	<b>538 A FLEMING AVE</b>
14 CITY - ST - ZIP	<b>GREENACRES, FLA 33463</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 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: *Wallace W. Powell* **4/11/95** **407-793-2611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)