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 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H27683 (2)

1. Corporation Name
ABOVE-ALL ROOFING, INC.

Principal Place of Business	Mailing Address
~~4900 8TH AVENUE SOUTH~~ ~~GULFPORT FL 33707~~	4900 8TH AVENUE SOUTH GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1984
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 624 59 ST. SO.
Suite, Apt. #, etc. 22:
City & State 23: ST PETERSBURG, FLA.
Zip 24: 33707 County 25: PINELLAS

2a. Mailing Address
26: 624 59 ST. SO.
Suite, Apt. #, etc. 27:
City & State 28: ST. PETERSBURG, FLA.
Zip 29: 33707 County 30: PINELLAS

4. FEI Number: 59-2460054 ☐ 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

BRIDGES, SCOTT J.
1718 - 80TH STREET, NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: OLLIE HARDEE
82 Street Address (P.O. Box Number is Not Acceptable): 624 59 ST. SO.
83:
84 City: ST. PETERSBURG FL 85 Zip Code: 33707

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: Ollie Hardee 4-18-95
(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	DP	11 TITLE		☐ Change ☐ Addition
NAME	BRIDGES, SCOTT J.	12 NAME		
STREET ADDRESS	1718 - 80TH STREET, N	13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Pres.	☒ Change ☐ Addition
NAME	HARDEE, OLLIE	22 NAME	HARDEE, OLLIE	
STREET ADDRESS	624-59TH ST SOUTH	23 STREET ADDRESS	624 59 ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	ST. PETERSBURG, FLA. 33707	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CAPPUCCI, MIKE	32 NAME		
STREET ADDRESS	4869 - 64TH STREET, NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	ST.	☐ Change ☒ Addition
NAME	BRIDGES, PAULA	42 NAME	KRYSTYNA A. HARDEE	
STREET ADDRESS	1718-30TH ST NO.	43 STREET ADDRESS	624 59 ST. SO.	
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	ST. PETERSBURG, FLA. 33707	
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: Ollie Hardee OLLIE HARDEE 4-18-95 813-347-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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