

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H72851 (9)

1. Corporation Name

M T F ROOFING, INC.



Principal Place of Business

STAR RT 1 BOX 5120
P.O. BOX 6472
TALLAHASSEE FL 32314-6472

Mailing Address

STAR RT 1 BOX 5120
P.O. BOX 6472
TALLAHASSEE FL 32314-6472

2. Principal Place of Business

2a. Mailing Address

21 **HC 2 Box 5120**

26 **PO Box 6472**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 **TALLA. FL.**

28 **TALLA. FL.**

24 Zip Country

29 Zip Country

24 **32310**

29 **32314**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2568520

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

10. Name and Address of New Registered Agent

**WOLFE, LARRY S.
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303**

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 it.

SIGNATURE

Signature, typed or printed name of registered agent

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
FERRELL, MAX T.**
STREET ADDRESS **STAR RT 1 BOX 5120**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **ST
FERRELL, ANN**
STREET ADDRESS **STAR RT 1 BOX 5120**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(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:

Max T. Ferrell

MAX T. FERRELL

APR 18, 1996 904-575-9034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)