

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 # **H74045** (6)

1. Corporation Name

**PILCHER ROOFING, INC.**



Principal Place of Business

**1900 S. PARK AVENUE  
SANFORD FL 32771**

Mailing Address

**1900 S. PARK AVENUE  
SANFORD FL 32771**

3. Date Incorporated or Qualified  
**09/03/1985**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business  
21 **5360 McIntosh Point**

2a. Mailing Address  
26 **P.O. Box 520177**

4. FEI Number  
**59-2595219**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Suite 122**

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Sanford, Florida**

City & State  
28 **Longwood, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **32773** 25

Zip Country  
29 **32759** 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

10. Name and Address of New Registered Agent

**BARNES, STEVE A.  
1900 S. PARK AVENUE  
SANFORD FL 32771**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
BARNES, STEVE II  
205 POINSETTA DR  
SANFORD FL** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BARNES, STEVE  
1900 S. PARK AVENUE  
SANFORD FL** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BARNES, ANN  
1900 S. PARK AVENUE  
SANFORD FL** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BARNES, JOHN  
535 REDDITT ROAD  
OSTEEN FL** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BARNES, CYNTHIA  
1900 S. PARK AVENUE  
SANFORD FL** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**VP  
Richard D. Barnes  
1900 S. Park Avenue  
Sanford, Florida 32771**

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:

*Steve A. Barnes*

Steve A Barnes 4-23-96 (407) 324-1419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)