

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

90 MAY 10 AM 10:35

DOCUMENT # **H82092**

(8)

1. Corporation Name

DGG INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 440
MELBOURNE FL 32902

P.O. BOX 440 NA
MELBOURNE FL 32902
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 10/21/1985	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2592287	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 § 199.02, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. State Apt. # etc. 22 City & State 23 Zip 24	2a. Mailing Address 26. State Apt. # etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORNT0, SAMUEL E.
667 COCONUT GROVE AVE
MELBOURNE FL 32904**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME PT GORNT0, SAMUEL E. STREET ADDRESS 667 COCONUT GR. AVE. CITY, STATE, ZIP MELBOURNE FL		1. NAME PT	☐ Change ☒ Addition
NAME VS DELLINGER, L.K. STREET ADDRESS 21 W. FEE AVE. STE. F CITY, STATE, ZIP MELBOURNE FL		2. NAME VS	☐ Change ☒ Addition
NAME		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02 and 199.03, 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

Sam Gornito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3 95

407-724-0641

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AID

1 MAY 1995 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H82665

(1)

1. CORPORATION NAME

KENNY'S ROOFING, INC.

Principal Place of Business

4049 ALLEN ROAD
P.O. BOX 867
ZEPHYRHILLS FL 33539

Mailing Address

4049 ALLEN ROAD
P.O. BOX 867
ZEPHYRHILLS FL 33539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1985	3a. Date of Last Report 04/01/1994
4. FEI Number 59-2470920	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 § 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt # etc.	26 Suite Apt # etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

JONES, KENNETH L.
4049 ALLEN ROAD
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 this 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 of Registered Agent or Principal Officer of Corporation) (Signature of Registered Agent or Principal Officer of Corporation) (Signature of Registered Agent or Principal Officer of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.02(4)(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 this 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: *Karen Jones* KAREN JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95 813-949-6890
Date Telephone Number