

* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 28 1996 8:00 am
Secretary of State

DOCUMENT # 021480

1. Corporation Name

ENTEGRA ROOF TILE CORPORATION

700001940487
-09/06/96--01003--010
*****61.25 *****61.25

Principal Place of Business

819 S. Federal Hwy
Suite 201
Stuart, FL 34994

Mailing Address

819 S. Federal Hwy.
Suite 201
Stuart, FL 34994

3. Date Incorporated or Qualified
6/27/1986

3a. Date of Last Report
4/29/1996

4. FEI Number

59-2689460

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

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. # etc

26 Suite Apt. # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Johnson, Terry R.
819 S. Federal Hwy., Suite 201
Stuart, FL 34994

81 Name

82 Street Address (P.O. Box Numbers 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]

(Print Name, Registered Agent Signature Required when Retiring)

8/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	Sands, Janice	
STREET ADDRESS	819 S. Fed. Hwy, Ste. 201	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	S;T	☒ DELETE
NAME	Zwemer, Amy	
STREET ADDRESS	819 S. Federal Hwy, Suite 201	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	CEO; D	☒ Change ☐ Addition
12 NAME	Johnson, Michael P.	
13 STREET ADDRESS	819 S. Fed. Hwy., Suite 201	
14 CITY-ST-ZIP	Stuart, FL 34994	
21 TITLE	D;VP	☒ Change ☐ Addition
22 NAME	Deyarmond, James	
23 STREET ADDRESS	819 S. Fed. Hwy., Suite 201	
24 CITY-ST-ZIP	Stuart, FL 34994	
31 TITLE	D;P	☐ Change ☒ Addition
32 NAME	Johnson, Terry R.	
33 STREET ADDRESS	819 S. Fed. Hwy, Suite 201	
34 CITY-ST-ZIP	Stuart, FL 34994	
41 TITLE	S;T	☐ Change ☒ Addition
42 NAME	Doolin, Christine E.	
43 STREET ADDRESS	819 S. Fed. Hwy, Suite 201	
44 CITY-ST-ZIP	Stuart, FL 34994	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRY R. JOHNSON, PRESIDENT

8/26/96

CR2E034 (3/96)