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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FILED
Department of State
Jim Smith
Secretary of State
Division of Corporations

DOCUMENT # J87896 (3)

1. Corporate Name
WILLIAMS ROOFING OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6041 LIANA LEE DRIVE JACKSONVILLE FL 32234	6041 LIANA LEE DRIVE JACKSONVILLE FL 32234

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1987	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2863266	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LALLY, W.K.
6160 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PAUL	12 NAME	
STREET ADDRESS	6041 LIANA LEE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RUTH G.	22 NAME	
STREET ADDRESS	6041 LIANA LEE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHN R.	32 NAME	
STREET ADDRESS	4593 TARRAGON RD	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☑ Change ☐ Addition
NAME	LUEDTKE, TROY H.	42 NAME	NO LONGER AN OFFICER
STREET ADDRESS	6034 TWIN PINES	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
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 declare to 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: Ruth G. Williams Ruth G. Williams 2-24-95 904-287-7314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

040001 FP