

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

AMENDED MC 601-45

CORPORATION
ANNUAL REPORT
19 95



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name LEADER SOFFIT & FASCIA SYSTEMS INC.	DOCUMENT # K 59003 (9)
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Mailing Address 3500 SOUTH STREET TITUSVILLE, FL. 32780	Principal Place of Business 3500 SOUTH STREET TITUSVILLE, FL. 32780
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 1/18/89	3a. Date of Last Report 1/26/95
4. FEI Number 65-0092844	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 ☐ Additional Fee	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent BANNISTER, JAMES C. 2604 TOWER ST. TITUSVILLE, FLORIDA 32796
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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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P	11 TITLE		11 TITLE		11 TITLE	
12 NAME	L'ARGENT, EDWIN	12 NAME		12 NAME		12 NAME	
13 STREET ADDRESS	528 WARD AV.	13 STREET ADDRESS		13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY-ST-ZIP	TITUSVILLE, FL. 32796	14 CITY-ST-ZIP		14 CITY-ST-ZIP		14 CITY-ST-ZIP	
21 TITLE	VP	21 TITLE		21 TITLE		21 TITLE	
22 NAME	DEMELLO, JOHN	22 NAME		22 NAME		22 NAME	
23 STREET ADDRESS	2600 MERRY LANE	23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP	TITUSVILLE, FL. 32796	24 CITY-ST-ZIP		24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE	VP	31 TITLE		31 TITLE		31 TITLE	
32 NAME	BUTLER, WAYNE J.	32 NAME		32 NAME		32 NAME	
33 STREET ADDRESS	144 "D" COURT ST.	33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP	TITUSVILLE, FL. 32796	34 CITY-ST-ZIP		34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE		41 TITLE		41 TITLE	
42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP		44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP		54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP		64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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4/26/95 HST

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Edwin P. L'Argent 4/11/95 632-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defective Filing # (407)