

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 31 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59003 (9)

1. Corporation Name

LEADER SOFFIT AND FASCIA SYSTEMS, INC.

Principal Place of Business

3500 SOUTH ST
TITUSVILLE FL 32780

Mailing Address

3500 SOUTH ST
TITUSVILLE FL 32700

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1989

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0092844

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANNISTER, JAMES C.
2604 TOWER STREET
TITUSVILLE FL 32796

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BANNISTER, JAMES C.
STREET ADDRESS 2604 TOWER STREET
CITY-ST-ZIP TITUSVILLE FL 32780

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

DELETE ☐ Change ☐ Addition

TITLE VPD
NAME BRADY, WAYNE
STREET ADDRESS 528 WARD AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

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

VP ☒ Change ☐ Addition
BRADY, WAYNE
528 Ward Avenue
Titusville, Florida 32796

TITLE D/P
NAME L'ARGENT, EDWIN P.
STREET ADDRESS 528 WARD AVE.
CITY-ST-ZIP TITUSVILLE FL 32780

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

P ☒ Change ☐ Addition
L'Argent, Edwin P.
528 Ward Avenue
Titusville, FL 32796

TITLE D/VP
NAME SMITH, GARY W
STREET ADDRESS 955 KNOX MCRAE DRIVE
CITY-ST-ZIP TITUSVILLE FL 32780

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

DELETE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

VP ☐ Change ☒ Addition
DEMELLO, JOHN
2600 Merry Lane
Titusville, FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(9)(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: Edwin P. L'Argent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

407
267-7663