

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79757** (6)

1. Corporation Name

MCCARTHY ROOFING, INC.

Principal Place of Business

% ROBERT A. MC CARTHY
331 CHERRY DR.
SATELLITE BEACH FL 32937

Mailing Address

% ROBERT A. MC CARTHY
331 CHERRY DR.
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2969692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 331 Cherry Dr.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Satellite Beach

27 City & State

28

Zip

24 32937

Country

25 BREVARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MC CARTHY, ROBERT A.
331 CHERRY DR.
SATELLITE BEACH FL 32937

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when resigning.

DATE

Robert A. McCarthy

Robert A. McCarthy

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MC CARTHY, ROBERT A.
STREET ADDRESS	331 CHERRY DR.
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	VST
NAME	MC CARTHY, JANICE M.
STREET ADDRESS	331 CHERRY DR.
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	MC CARTHY, JANICE M.
STREET ADDRESS	331 CHERRY DR.
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

Robert A. McCarthy

(407) 777-4578