FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90497 (4)

1. Corporation Name
HAWKEYE ROOFING, INC.

Principal Place of Business	Mailing Address
1902 ELSA STREET NAPLES FL 33942 US	~~% MICHAEL J. BAZALO, P.A.~~ ~~838 ANCHOR RODE DR.~~ ~~NAPLES FL 33940-4709~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: P.O. Box 42033
Suite, Apt. #, etc.
27: -------
City & State
28: Naples, FL
Zip / Country
29: 33942 / 30: US

4. FEI Number: 65-0123187 ☐ 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

9. Name and Address of Current Registered Agent

~~BAZALO, MICHAEL J P.A.~~
~~838 ANCHOR RODE DRIVE~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

01 Name: Capital Connection, Inc.
02 Street Address (P.O. Box Number is Not Acceptable): 417 East Virginia Street
03: Suite 1
04 City: Tallahassee, FL 05 Zip Code: 32301

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: Michael Bazalo, pres 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	JENNESS, LEROY A	12 NAME	
STREET ADDRESS	1902 ELSA ST.	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33942	14 CITY ST ZIP	
TITLE		21 TITLE	V ☐ Change XX Addition
NAME		22 NAME	REYES, EDMUNDO
STREET ADDRESS		23 STREET ADDRESS	1902 Elsa Street
CITY ST ZIP		24 CITY ST ZIP	Naples, FL
TITLE		31 TITLE	V ☐ Change XX Addition
NAME		32 NAME	OLVERA, FIDEL
STREET ADDRESS		33 STREET ADDRESS	1902 Elsa Street
CITY ST ZIP		34 CITY ST ZIP	Naples, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	400001469234
STREET ADDRESS		43 STREET ADDRESS	-05/01/95--01051--023
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
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	

4/25

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)(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: Leroy A. Jenness President 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

(813) 597-9252

0327945 CP