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 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46600** **(7)**

1. Corporation Name

KEYWORTH ROOFING, INC.

Principal Place of Business	Mailing Address
4385 INDEPENDENCE CT SARASOTA FL 34234 US	4385 INDEPENDENCE CT SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0180712 ☐ 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

SWISHER, SAM P.A.
2477 STICKNEY PT.
#207B
SARASOTA FL 34231-4070

10. Name and Address of New Registered Agent

81 Name: John C. Keyworth
82 Street Address (P.O. Box Number is Not Acceptable): 4385 Independence Court
83
84 City: Sarasota FL 85 Zip Code: 34234

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: John C. Keyworth, Secretary — DATE: 4/28/95
Signature, type 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	PST	☒ Change ☐ Addition
NAME	KEYWORTH, JOHN C.	12 NAME	Keyworth, John C.	
STREET ADDRESS	5121 OXFORD DR	13 STREET ADDRESS	432 Pine Ranch East Road	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Osprey, FL 34229-9092	
TITLE	V	21 TITLE	VP	☒ Change ☐ Addition
NAME	COTTRELL, TIM	22 NAME	Heroy, Michael J.	
STREET ADDRESS	1805 30TH ST. WEST	23 STREET ADDRESS	5315 3rd St. W.	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	Bradenton, FL 34207	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	HENLINE, WILLIAM	32 NAME		
STREET ADDRESS	3232 FRUITVILLE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	KEYWORTH, JOHN C.	42 NAME		
STREET ADDRESS	5121 OXFORD DR	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	ALLUMS, SCOTT	52 NAME		
STREET ADDRESS	805 67TH AVE W.	53 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	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 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: John C. Keyworth, Secretary 4/28/95 (813)3652162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940070 CP