

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L 76947

1. Corporation Name

Anderson Roofing + Supply Inc.

Principal Place of Business

*SAMUEL L ANDERSON
P.O. Box 1031
CRYSTAL RIVER, FL
32623*

Mailing Address

*SAMUEL L ANDERSON
P.O. Box 1031
CRYSTAL RIVER FL
32623*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/29/1990

3a. Date of Last Report

05/01/94

4. FEI Number

59-3012805

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

*ANDERSON SAMUEL L
7996 W GULF & LAKE HWY
CRYSTAL RIVER, FL 32625*

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

SAMUEL L ANDERSON

NOTE: Registered Agent signature required when re-registering.

DATE

6/7/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP

*CARMEN, WAYNE
7996 W GULF & LAKE HWY
CRYSTAL RIVER FL*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP

*YOUNG, TERRY
7996 W GULF & LAKE HWY
CRYSTAL RIVER, FL*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DST

*WHITMARSH, MICHAEL
7996 W GULF & LAKE HWY
CRYSTAL RIVER FL*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP

*TAMMY BOULERIC
7996 W GULF & LAKE HWY
CRYSTAL RIVER FL
34429*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP

*CHRISTOPHER ANDERSON
7996 W GULF & LAKE HWY
CRYSTAL RIVER, FL
34429*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VP

*EDGAR FULTON
7996 W GULF & LAKE HWY
CRYSTAL RIVER FL
34429*

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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******225.00 ****225.00**

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(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 changed, or on an attachment with an address.

SIGNATURE

SAMUEL L ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95

904-795-7663