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 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L90000** **(5)**

1. Corporation Name
WINEBARGER ROOFING, INC.

Principal Place of Business
518 KENWOOD AVE
MERRITT ISLAND FL 32952

Mailing Address
518 KENWOOD AVE
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 55 N. Suzanne Ct. M.I. FL 32952
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 55 N. Suzanne Ct. M.I. FL 32952
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3018717 ☐ 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

WINEBARGER, BOBBY
518 KENWOOD AVE
MERRITT ISLAND FL 32952

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 Bobby Winebarger Bobby Winebarger 1/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINEBARGER, BOBBY
STREET ADDRESS	518 KENWOOD AVE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	V
NAME	WOODINGTON, DONALD
STREET ADDRESS	244 N. GROVE ST.
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	S
NAME	WINEBARGER, SANDY
STREET ADDRESS	518 KENWOOD AVE.
CITY-ST-ZIP	MERRITT ISLAND 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

11 TITLE	T	☐ Change ☑ Addition
12 NAME	Winebarger TAMARA	
13 STREET ADDRESS	55 N. Suzanne Ct.	
14 CITY-ST-ZIP	M.I. FL 32952	
21 TITLE	S	☐ Change ☐ Addition
22 NAME	Woodington, Donald	
23 STREET ADDRESS	244 N. Grove St.	
24 CITY-ST-ZIP	Merritt Island, FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	DeceaseD	
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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 Bobby Winebarger Bobby Winebarger 1/20/95 453-3359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0070128 CP