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95 MAY -1 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M83420** (3)

1. Corporation Name  
**MID-COUNTY ROOFING, INC.**

Principal Place of Business: **1170 CENTRAL AVE. SARASOTA FL 34236**  
Mailing Address: **1170 CENTRAL AVE. SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: **06/01/1988**  
3a. Date of Last Report: **07/15/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0052760</b>	Not Applicable
22. State Apt # etc.	27. State Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. County	29. County	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>POLTROCK, CYNTHIA S. 1641 SHELburnE LN. SARASOTA FL 34231</b>	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City <b>FL</b> B5 Zip Code

11. Pursuant to the provisions of Sections 607.02, 607.03, and 607.15 of the 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. (An officer will accept the appointment as set forth in 607.15(2)(b), Florida Statutes.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4/2)																																																	
<table border="1"> <tr> <td>12.1</td> <td>DP</td> <td>POLTROCK, CYNTHIA S.</td> <td>1641 SHELburnE LN.</td> <td>SARASOTA FL</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.2</td> <td>DST</td> <td>REED, FRANCES C.</td> <td>1641 SHELburnE LN.</td> <td>SARASOTA FL</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.3</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.4</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.5</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.6</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> <tr> <td>12.7</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> </tr> </table>	12.1	DP	POLTROCK, CYNTHIA S.	1641 SHELburnE LN.	SARASOTA FL	Change	Addition	12.2	DST	REED, FRANCES C.	1641 SHELburnE LN.	SARASOTA FL	Change	Addition	12.3					Change	Addition	12.4					Change	Addition	12.5					Change	Addition	12.6					Change	Addition	12.7					Change	Addition	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 as Block 12 or Block 13 of a change of officers or directors with an address.

SIGNATURE: *Cynthia S. Poltrock* **CYNTHIA S. POLTROCK** 4/28/95 813-366-1620  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Telephone #