

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 21 PH 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M95445 (6)
1. Corporation Name
DOCTOR ROOF, INC.

Principal Place of Business Mailing Address
**5920 OLD DIXIE HWY
VERO BEACH FL 32967
US** **5920 OLD DIXIE HWY
VERO BEACH FL 32967
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/23/1988 **04/25/1994**

4. FEI Number Applied For
65-0065373 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 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent
**PARKS, JAMES
5920 OLD DIXIE HWY
VERO BEACH FL 32967**

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **PARKS, JAMES**
STREET ADDRESS **1452 27TH AVE.**
CITY - ST - ZIP **VERO BEACH FL**

TITLE **V**
NAME **WARNER, CHARLES**
STREET ADDRESS **2429 SE 2ND COURT**
CITY - ST - ZIP **VERO BEACH FL**

TITLE **V**
NAME **STRAIGHT, CRAIG**
STREET ADDRESS **2426 1ST ST SW**
CITY - ST - ZIP **VERO BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **Vice President / Secretary** Change Addition

2.2 NAME **Charles Warner**

2.3 STREET ADDRESS **1452 27th Ave**

2.4 CITY - ST - ZIP **VERO BEACH, FL 32960**

3.1 TITLE **Treasurer** Change Addition

3.2 NAME **Craig Straight**

3.3 STREET ADDRESS **1103 36th Avenue SW**

3.4 CITY - ST - ZIP **VERO BEACH, FL 32968**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-5622-7662