

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22362 (8)

1. Corporation Name

MARLEY ROOF TILES SOUTH EAST INC.

Principal Place of Business

3211 N ROAN ST
JOHNSON CITY TN 37608
US

Mailing Address

PO BOX 3547
JOHNSON CITY TN 37602
US



3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

62-1298998

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

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 607.0532 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE ☐ DELETE
NAME T
STIGALL, RAY
STREET ADDRESS 3211 NORTH ROAN
CITY - ST - ZIP JOHNSON CITY TN

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME VPD
WIDENER, JAMES, C
STREET ADDRESS 3211 NORTH ROAD
CITY - ST - ZIP JOHNSON CITY TN

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME D
BANYAS, WALTER
STREET ADDRESS 3211 NORTH ROAN
CITY - ST - ZIP JOHNSON CITY TN

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME CP
GREEN, RICHARD L
STREET ADDRESS 3211 N ROAN ST
CITY - ST - ZIP JOHNSON CITY TN

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME DIRECTOR
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME VPD
RAY, RICHARD F
STREET ADDRESS 609 SHARON DRIVE
CITY - ST - ZIP JOHNSON CITY TX

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITILE ☐ DELETE
NAME
STREET ADDRESS
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 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: *James C. Widener, Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96
Date

423-282-4661
Daytime Phone #

CR2E034 (12/95)