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 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23828** **(7)**

1. Corporate Name

ROOF MANAGEMENT & SERVICE COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5061 VIENNA WV 26105	P.O. BOX 5061 VIENNA WV 26105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1989	03/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 55-0571837 ☐ 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 § 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESBENSHADE, JOHN S. 1123 S.E. 13TH AVE., OCALA FL 32678	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: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent or registered office address, Registered Agent must sign here.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101	CD	111	☐ Change ☐ Addition
NAME	ESBENSHADE, HARRY H. JR.	112 NAME	
STREET ADDRESS	#9 CHADWICK SQUARE	113 STREET ADDRESS	
CITY ST ZIP	VIENNA WV	114 CITY ST ZIP	
201	SD	211	☐ Change ☐ Addition
NAME	ESBENSHADE, HARRY H. III	212 NAME	
STREET ADDRESS	5523 2ND AVE.	213 STREET ADDRESS	
CITY ST ZIP	VIENNA WV	214 CITY ST ZIP	
301	PD	311	☒ Change ☐ Addition
NAME	LASSIG, C. ROBERT	312 NAME	PD LESSIG, C. ROBERT
STREET ADDRESS	50 MEADOWCREST	313 STREET ADDRESS	50 MEADOWCREST
CITY ST ZIP	PARKERSBURG WV	314 CITY ST ZIP	PARKERSBURG WV
401	TD	411	☐ Change ☐ Addition
NAME	CAIN, MICHAEL D.	412 NAME	
STREET ADDRESS	RT. 1, BOX 50	413 STREET ADDRESS	
CITY ST ZIP	CAIRO WV	414 CITY ST ZIP	
501		511	☐ Change ☐ Addition
NAME		512 NAME	
STREET ADDRESS		513 STREET ADDRESS	
CITY ST ZIP		514 CITY ST ZIP	
601		611	☐ Change ☐ Addition
NAME		612 NAME	
STREET ADDRESS		613 STREET ADDRESS	
CITY ST ZIP		614 CITY ST ZIP	

14. To the best of my knowledge, all the information required to be reported in this annual report is true and accurate as of the date of this report. I further certify that the information indicated on this 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 with any changes noted above.

SIGNATURE: Michael Cain 4/26/95 (304) 295-3311

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0486184 FN