**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 APR 11 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24017** **(6)**

1. Corporation Name

**DARTON ROOFING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3816 GRAVEL HILL ROAD<br>ALBANY GA 31704 | 3816 GRAVEL HILL ROAD<br>ALBANY GA 31704 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 04/14/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 994 Hwy 315 | 26 994 Hwy 315 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 FORTSON, GA | City & State<br>28 FORTSON, GA. |
| Zip 24 31808 Country 25 USA | Zip 29 31808 Country 30 USA |

4. FEI Number: 58-1581771 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| BRUSHWOOD, E. THOMAS<br>1353 E LAFAYETTE ST<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | HAMPTON, DARRYL GLENN | 12 NAME | Hampton, DARRYL GLENN | |
| STREET ADDRESS | 3816 GRAVEL HILL RD | 13 STREET ADDRESS | 994 Hwy 315 | |
| CITY-ST-ZIP | ALBANY GA | 14 CITY-ST-ZIP | Fortson, Ga. 31808 | |
| TITLE | V | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | HOGAN, KEVIN | 22 NAME | | |
| STREET ADDRESS | 12700 LATE AUTUMN LANE | 23 STREET ADDRESS | | |
| CITY ST ZIP | TALLAHASSEE FL | 24 CITY ST ZIP | | |
| TITLE | S | 31 TITLE | S | ☒ Change ☐ Addition |
| NAME | HAMPTON, SANDRA | 32 NAME | Hampton, SANDRA | |
| STREET ADDRESS | 3816 GRAVEL HILL RD | 33 STREET ADDRESS | 994 Hwy 315 | |
| CITY ST ZIP | ALBANY GA | 34 CITY ST ZIP | Fortson, GA. 31808 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 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)(i), 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:** Darryl Hampton Pres. DARRYL Hampton 4/5/95 706-322-4746
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0478608 FP