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CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB -3 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31461

(7)

1. Corporation Name

PREMIUM ROOFING SERVICE, INC.

Principal Place of Business

P.O. BOX 345
AVONDALE ESTATES GA 30002

Mailing Address

P.O. BOX 345
AVONDALE ESTATES GA 30002

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/23/1990
3a. Date of Last Report 01/21/1994

4. FEI Number 58-1585385
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

21 2838 Washington St

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Avondale Estates, GA

City & State

28

Zip 30002

Country USA

Zip 30002-0345

Country USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASSO, JOHN J.
8622 VANNOY COURT
ORLANDO FL 32860-7761

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME GIBSON, RANDY L.
STREET ADDRESS 423 CRICKET RIDGE COURT
CITY-ST-ZIP LAWRENCEVILLE GA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE CD
NAME GIBSON, RANDY L.
STREET ADDRESS 423 CRICKET RIDGE COURT
CITY-ST-ZIP LAWRENCEVILLE GA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VVD
NAME MAXEY, S. R.
STREET ADDRESS 2867 ORION DRIVE
CITY-ST-ZIP DECATUR GA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD
NAME MAXEY, MARJORIE
STREET ADDRESS 2867 ORION DRIVE
CITY-ST-ZIP DECATUR GA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

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)(a), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy L Gibson

1/13/95

404-299-1228