

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 # 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

2. Principal Place of Business

2a. Mailing Address

21 2838 WASHINGTON ST

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 AVONDALE ESTATES, GA

28

Zip

Country

Zip

Country

24

25

29 30002-0345

30

g. Name and Address of Current 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

3. Date Incorporated or Qualified

10/23/1990

3a. Date of Last Report

01/19/1995

4. FEI Number

58-1585385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 terminating)

DATE:

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy L. Gibson/President

1/12/96

404-299-1228

CR2E034 (12/95)