**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 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009834 (1)

1. Corporation Name
NOVA ~~ROOFING CORPORATION~~ CARPENTRY, INC.

500001481065
-05/09/95--01103--006
DO NOT ****200.00 SP ****200.00

| Principal Place of Business | Mailing Address |
|---|---|
| 1105 LADY GUINEVERE DRIVE<br>VALRICO FL 33594 | P.O. BOX 2771<br>BRANDON FL 33509-2771<br>US |

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: 65-0388575 ☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NYMARK, DENNIS V
137 SOUTH PEBBLE BEACH BLVD.
SUITE 201
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 required when executing this statement. NOTE: Registered Agent signature required when mandated.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MACDONALD, HUGH | 12 NAME | |
| STREET ADDRESS | 1105 LADY GUINEVERE DRIVE | 13 STREET ADDRESS | |
| CITY ST ZIP | VALRICO FL 33594 | 14 CITY ST ZIP | |
| TITLE | V | 21 TITLE | UP ☒ Change ☐ Addition |
| NAME | CHORON, GARY | 22 NAME | HUGH MACDONALD III |
| STREET ADDRESS | 1105 LADY GUINEVERE DRIVE | 23 STREET ADDRESS | 1105 Lady Guinevere |
| CITY ST ZIP | VALRICO FL 33591 | 24 CITY ST ZIP | Valrico, Fl. 33594 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| 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 above, or on an attachment with an address.

SIGNATURE: Hugh Marc Donald 4/28/95 813/626-3032
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Hugh MacDonald, President

0285032 CP