

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020171 (3)

To: Corporation Name

MIKE DOUGLAS ROOFING, INC.

Principal Place of Business

4815 NW 30 TERR
GAINESVILLE FL 32605

Meeting Address

4815 NW 30 TERR
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
03/12/1993

3a. Date of last report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FID Number
59-3181065

Applied For
Not Applicable

21. State, Apt. # etc.

26. State, Apt. # etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

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

24. State

25. Country

29. State

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSIER, CHARLES O
14029 NW 46 AVE
GAINESVILLE FL 32606

81. Name

82. Street Address, P.O. Box Number is Not Acceptable

83. City

84. State

FL

85. Zip Code

11. By signing this document, the person or persons, individuals and/or firms, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, I am, I am, and accept the obligations of Section 199.032, Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Agent

Signature of Agent for Change of Registered Office or Agent

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	NAME
DOUGLAS, JAMES M 4815 NW 30 TERR GAINESVILLE FL 32605	
CROSIER, CHARLES O 14029 NW 46 AVE GAINESVILLE FL 32606	
MARTIN, DAVID W 4815 NW 30TH TERR GAINESVILLE FL	

NAME	NAME

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same purpose as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Charles O. Crosier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95

377-4712