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 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027209 (4)**

1. Corporation Name
ADVANCED ROOFING PROFESSIONAL, INC.

Principal Place of Business	Mailing Address
11484 NORVELL ROAD SPRING HILL FL 34608	11484 NORVELL ROAD SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/12/1993**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 11484 Norvell RD	26 11484 Norvell RD
22 Suite, Apt. #, etc. Spring Hill 71	27 Suite, Apt. #, etc.
23 City & State 71 34608	28 City & State Spring Hill 71
24 Zip 34608 25 Country US	29 Zip 34608 30 Country US

4. FEI Number: **APPLIED FOR** 593034035 ☐ 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
NARDI, JOSEPH 11484 NORVELL ROAD SPRING HILL FL 34608	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 _____ 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	P	1.1 TITLE V	☒ Change ☐ Addition
NAME	NARDI, JOSEPH	1.2 NAME	Larry VanBuskirk
STREET ADDRESS	11484 NORVELL RD	1.3 STREET ADDRESS	21321 LAKE Lindsay RD
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Brooksville FL 33521
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	RUGGO, ARTHUR	2.2 NAME	
STREET ADDRESS	BLAINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	NARDI, DEBORAH	3.2 NAME	
STREET ADDRESS	11484 NORVELL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE V	Larry VanBuskirk	4.1 TITLE	☐ Change ☐ Addition
NAME	21321 Lake Lindsay RD	4.2 NAME	
STREET ADDRESS	Brooksville FL 33521	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 4/21/95 10:00 PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
954-486-8852