FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 AMEND

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

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028740 (7)

1. Corporation Name

WERNICKE ROOFING, INC.

Principal Place of Business	Mailing Address
5145 Drew Street Brooksville Fl 34609	5145 Drew Street Brooksville Fl 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1993

3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3181215 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25 Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

NANNIE P. WERNICKE
5145 DREW STREET
BROOKSVILLE FL 34609

10. Name and Address of New Registered Agent

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: Nannie P. Wernicke
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FEESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	EDWIN RAY WERNICKE	12 NAME	
STREET ADDRESS	5145 DREW STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34609	14 CITY-ST-ZIP	
TITLE	Secy/Tres	21 TITLE	☐ Change ☐ Addition
NAME	EDWARD MORGAN	22 NAME	
STREET ADDRESS	11350 SUNSHINE GROVE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	24 CITY-ST-ZIP	
TITLE	VICEPRESIDENT	31 TITLE	☐ Change ☐ Addition
NAME	DAVID C. CREMIN	32 NAME	
STREET ADDRESS	12358 Conde Drive	33 STREET ADDRESS	
CITY-ST-ZIP	Brooksville Fl 34601	34 CITY-ST-ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	NANNIE P. WERNICKE	42 NAME	
STREET ADDRESS	5145 DREW STREET	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34609	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	

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T13, 5/11/95

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: Nannie P. Wernicke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-799-0228
Date Daytime Phone #