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 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049243 (7)**

1. Corporation Name
OLSON ROOFING COMPANY

Principal Place of Business	Mailing Address
507 B NEWBURYPORT DR ALAMONTE SPRINGS FL 32701 US	920 A LAKE DESTINY ROAD ALAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 920 A Lake Destiny Rd.
Suite, Apt. #, etc.
22: Alamonte Springs
City & State
23: Florida
Zip 24: 32714
Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29:
Country 30:

4. FEI Number: 59-3192022 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MINER, CHARLES D
105 E. ROBINSON STREET
SUITE 501
ORLANDO FL 32801

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 _____ DATE
(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 NAME OLSON, BRIAN J STREET ADDRESS 920 A LAKE DESTINY RD. CITY-ST-ZIP ALAMONTE SPRINGS FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME HICHMAN, DENNIS STREET ADDRESS 507 B NEWBURYPORT DR CITY-ST-ZIP ALAMONTE SPRINGS FL	21 TITLE V 22 NAME Yancy, William 23 STREET ADDRESS 275 E. Central Pkwy Apt 815 24 CITY-ST-ZIP Alamonte Springs Fl. 32701 — ☑ Change ☐ Addition
TITLE NAME KWAY, DAVID STREET ADDRESS 507 NEWBURYPORT DR CITY-ST-ZIP ALAMONTE SPRINGS FL	31 TITLE 32 NAME resigned 33 STREET ADDRESS 34 CITY-ST-ZIP — ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME r 43 STREET ADDRESS 44 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I 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 the 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 a 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian J. Olson — Brian J. Olson — 4/29/95 — 407-869-0370
(TYPED OR PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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