

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
Office of Corporations and Charities

DOCUMENT # **P93000062130 (8)**

LYON'S ROOFING, INC.

APPROVED
FILED

MAY 11 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

USE FIRST WHITE IN THIS SPACE

3. Date of Registration	3a. Date of Last Report
08/30/1993	05/01/1994
4. FEI Number	Applied For
65-0439461	Not Applicable
5. Certificate of Mailed Report	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has applied for information tax under the Florida Statute	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Principal Office Address	2a. Mailing Address
14011 SW 36 COURT DAVIE FL 33330	14011 SW 36 COURT DAVIE FL 33330
21. State	26. Mailing Address
FL	FL
22. County	27. State
DAVIE	FL
23. City	28. City & State
DAVIE	DAVIE FL
24. Zip	29. Zip
33330	33330
30. Zip	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYONS, JACK B 14011 SW 36 COURT DAVIE FL 33330	B1. Name B2. Street Address (P.O. Box Number if Not Applicable) B3. B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1505, 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 fully aware of and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	DP LYONS, JACK B 14011 SW 36 COURT DAVIE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	ST LYONS, LAURA C 14011 SW 36 CT. DAVIE FL	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> 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 607.01(2)(b), 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 bear the same legal effect as if made under oath. That this is a full and correct list of the corporation or partnership or trust or person to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Section 607.01(2)(b) of the report, or on an attachment with an address.

SIGNATURE: *Jack B. Lyons* Jack B. Lyons, Director/President 4/26/95 (305) 424-4083