

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

1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P93000063682 (7)

MAY 10 AM 10:25

BARSEL ROOFING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation or Partnership 1851 MOVA ST SARASOTA FL 34231		2. Mailing Address 1851 MOVA ST SARASOTA FL 34231	
3. Date of Incorporation or Organization 09/02/1993		3a. Date of Last Report 05/01/1994	
4. FIC Number 65-0476890	4a. Agent for First Applicable		
5. Certificate of Status Department ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contributions ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for other state taxes under the Florida Statutes. ☒ Yes ☐ No			
21. State of Florida 21	25. Mailing Address P.O. Box 375	29. City and State Osprey, FL 34229	30. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYN KASEF CORPORATION
523 S WASHINGTON BLVD
SARASOTA FL 34236

81. Name	FL	85. Address
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84.		

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01, Florida Statutes. I further certify that the information included 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 partnership or the secretary or treasurer of the corporation or partnership and that my signature is required by Chapter 190, Florida Statutes, and that my name appears on the list of officers, directors, secretaries or treasurers of the corporation or partnership.

SIGNATURE

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, SECRETARY, OR TREASURER
1. NAME D BARSEL, BRYON J 1851 MOVA ST SARASOTA FL 34231	1. NAME ☐ Change ☐ Addition
2. NAME	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition
9. NAME	9. NAME ☐ Change ☐ Addition
10. NAME	10. NAME ☐ Change ☐ Addition
11. NAME	11. NAME ☐ Change ☐ Addition
12. NAME	12. NAME ☐ Change ☐ Addition
13. NAME	13. NAME ☐ Change ☐ Addition
14. NAME	14. NAME ☐ Change ☐ Addition
15. NAME	15. NAME ☐ Change ☐ Addition
16. NAME	16. NAME ☐ Change ☐ Addition
17. NAME	17. NAME ☐ Change ☐ Addition
18. NAME	18. NAME ☐ Change ☐ Addition
19. NAME	19. NAME ☐ Change ☐ Addition
20. NAME	20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01, Florida Statutes. I further certify that the information included 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 partnership or the secretary or treasurer of the corporation or partnership and that my signature is required by Chapter 190, Florida Statutes, and that my name appears on the list of officers, directors, secretaries or treasurers of the corporation or partnership.

SIGNATURE:

Bryon Barsel
BRYON BARSEL
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 (813) 921-2838