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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:01

DOCUMENT # **P93000067899 (3)**

1. Corporation Name
GARY'S ROOFING SERVICE, INC.

Principal Place of Business	Mailing Address
3450 BROOKLINE DRIVE SARASOTA FL 34239	3450 BROOKLINE DRIVE SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 4380 Bryants Pond LN
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34233
25: Country: SARASOTA

2a. Mailing Address
26: 4380 Bryants Pond Lane
27: Suite, Apt. #, etc.
28: City & State: Sarasota, FL
29: Zip: 34233
30: Country: Sarasota

4. FEI Number: 65-0438948 ☐ 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

ACKERLAND, SUZAN
3450 BROOKLINE DRIVE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name: Susan Ackerland
82 Street Address (P.O. Box Number is Not Acceptable): 4380 Bryants Pond Lane
83:
84 City: Sarasota **FL** 85 Zip Code: 34233

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: X Susan Ackerland
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	P	1.1 TITLE	☑ Change ☐ Addition
NAME	ACKERLAND, SUZAN	1.2 NAME	
STREET ADDRESS	3450 BROOKLINE DR	1.3 STREET ADDRESS	4380 Bryants Pond Lane
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL 34233
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ACKERLAND, DARIN	2.2 NAME	
STREET ADDRESS	2650 TRINIDAD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	AVP	3.1 TITLE	☑ Change ☐ Addition
NAME	HILL, TOM	3.2 NAME	
STREET ADDRESS	2404 GULF GATE DRO	3.3 STREET ADDRESS	5525 BIOUNT AVE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	AVP	4.1 TITLE	☐ Change ☐ Addition
NAME	MANSUR, BRADLEY	4.2 NAME	
STREET ADDRESS	2108 JOANN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☑ Change ☐ Addition
NAME	ACKERLAND, SUZAN	5.2 NAME	
STREET ADDRESS	2450 BROOKLINE DR	5.3 STREET ADDRESS	4380 Bryants Pond Lane
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	ACKERLAND, SUZAN	6.2 NAME	
STREET ADDRESS	3450 BROOKLINE DR	6.3 STREET ADDRESS	4380 Bryants Pond Lane
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34233

Removed

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: X Susan Ackerland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 813-922-5195 (Daytime Phone #)

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:18

DOCUMENT # **P93000068114 (6)**

1. Corporation Name
MERLIN EXPORT & IMPORT, INC.

Principal Place of Business	Mailing Address
11215 S.W. 47TH TERRACE MIAMI FL 33165	11215 S.W. 47TH TERRACE MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1993**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0439485** ☐ 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

CARDOSO, PEDRO A
11215 S.W. 47TH TERRACE
MIAMI FL 33165

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: Pedro A. Cardoso — PEDRO A. CARDOSO S — 3/27/95
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	PD	11 TITLE	PTD ☐ Change ☒ Addition
NAME	VILLAGRA, CARLOS A	12 NAME	VILLAGRA, CARLOS A
STREET ADDRESS	CALLE 3 URBANIZACION LAS DELICIAS MUNIPALI	13 STREET ADDRESS	calle 3 Urb. Las Delicias
CITY-ST-ZIP	PARAGUAY	14 CITY-ST-ZIP	Paraguay
TITLE	S	21 TITLE	VSD ☐ Change ☒ Addition
NAME	CARDOSO, PEDRO A	22 NAME	CARDOSO, PEDRO A
STREET ADDRESS	11215 SW 47 TERR	23 STREET ADDRESS	11215 SW 47 terr.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

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: Pedro A. Cardoso — PEDRO A. CARDOSO S — 3/27/95 — 305-554-4071
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #