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
95 JAN 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070247 (0)**

1. Corporation Name
PREFERRED ROOFING, INC.

Principal Place of Business	Mailing Address
590 N.W. SHERBROOKE AVENUE PORT ST. LUCIE FL 34983	590 N.W. SHERBROOKE AVENUE PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 03/10/1994

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: 65-0459515 ☐ 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

GRUBER, JOHN T
590 N.W. SHERBROOKE AVENUE
PORT ST LUCIE FL 34983

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: John T Gruber President 01-19-95
(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	D	1.1 TITLE	P	☑ Change ☐ Addition
NAME	GRUBER, JOHN T	1.2 NAME	John T. Gruber	
STREET ADDRESS	590 N.W. SHERBROOKE AVENUE	1.3 STREET ADDRESS	590 NW Sherbrooke Ave.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	STEPHANICK, RON	2.2 NAME	DELETE	
STREET ADDRESS	2498 S.E. PINERO ROAD	2.3 STREET ADDRESS	RON STEPHANICK	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	T	☑ Change ☐ Addition
NAME	WHITNEY, MARYBETH	3.2 NAME	Marybeth Whitney	
STREET ADDRESS	590 N.W. SHERBROOKE AVE.	3.3 STREET ADDRESS	590 NW Sherbrooke Ave.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		4.1 TITLE	V	☐ Change ☑ Addition
NAME		4.2 NAME	Michael J. Parsons	
STREET ADDRESS		4.3 STREET ADDRESS	1473 SE Ocean Lane	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Marybeth Whitney Treasurer 01-19-95 (407) 340-0592
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Marybeth Whitney

03B3666 CP