

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000082580 (0)**

1. Corporation Name

PAYLESS ROOFING COMPANY, INC.



Principal Place of Business

**2421 NW 16TH LN
BAY 6
POMPANO BCH FL 33064
US**

Mailing Address

**9130 WILES ROAD
#137
CORAL SPRINGS FL 33067**

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0456822

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

10. Name and Address of New Registered Agent

**HIRSCH, MARLENE D
5005 RIVERSIDE DR
#137
CORAL SPRINGS FL 33067**

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

Signature, typed or printed name of registered agent and fee, if applicable

(DATE) Registered Agent Signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	HIRSCH, MARLENE D	
STREET ADDRESS	5005 RIVERSIDE DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CHANEY, SAMUEL M	
STREET ADDRESS	5005 RIVERSIDE DR	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VINSON, CHARLES	
STREET ADDRESS	1037 SW 27TH AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERT BOHUNICKY	
STREET ADDRESS	8034 WILES RD. #137	
CITY - ST - ZIP	CORAL SPRINGS, FL. 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIRSCH, MARLENE D.	
1.3 STREET ADDRESS	8034 WILES RD. #137	
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33067	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHANEY, SAMUEL M.	
2.3 STREET ADDRESS	8034 WILES RD. #137	
2.4 CITY - ST - ZIP	CORAL SPRINGS, FL. 33067	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: *Samuel M. Chaney* Samuel M. CHANEY 4/29/96 (954) 340-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)