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PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P93000086410 (6)

1. Corporation Name

MICHAEL'S ROOFING COMPANY, INC.



Principal Place of Business

927 BON AIR STREET
TITUSVILLE FL 32780

Mailing Address

P.O. BOX 6366
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

10/09/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOKHARDT, MICHAEL E
980 NOVA TERRACE
TITUSVILLE FL 32780

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 title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BOOKHARDT, SAMUEL JR
STREET ADDRESS 927 BON AIR STREET
CITY-STATE-ZIP TITUSVILLE FL 32780

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Bookhardt Samuel JR
1.3 STREET ADDRESS 927 Bon Air Street
1.4 CITY-STATE-ZIP Titusville FL 32780

TITLE S ☐ DELETE

NAME BOOKHARDT, MICHAEL E
STREET ADDRESS 980 NOVA TERRACE
CITY-STATE-ZIP TITUSVILLE FL 32780

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Bookhardt Michael E
2.3 STREET ADDRESS 980 Nova Terrace
2.4 CITY-STATE-ZIP Titusville FL 32780

TITLE ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Bookhardt Chris A.
3.3 STREET ADDRESS 927 Bon Air Street
3.4 CITY-STATE-ZIP Titusville FL 32780

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Michael E Bookhardt Michael E Bookhardt

1-18-96

(407)267-5829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)