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

APPROVED AND FILED
95 MAY -1 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061376 (7)**

1. Corporation Name
B & M ROOFING, INC.

Principal Place of Business	Mailing Address
510 RIVERDALE DRIVE MERRRITT ISLAND FL 32953	510 RIVERDALE DRIVE MERRRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21 510 RIVERDALE DR.
Suite, Apt. #, etc.
22

2a. Mailing Address
26 510 RIVERDALE DR.
Suite, Apt. #, etc.
27

4. FEI Number: 593259768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23 MERRITT ISLAND FL
Zip 24 32953 Country 25 BREV.

City & State
28 MERRITT ISLAND, FL
Zip 29 32953 Country 30 BREV.

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

MONTS, DON
510 RIVERSIDE DRIVE
MERRRITT ISLAND FL 32953

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	MONTS, DON	12 NAME	
STREET ADDRESS	510 RIVERSIDE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	MERRRITT ISLAND FL 32953	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	BLANKSHIP, DENNIE	22 NAME	DV MOUNTS JANET
STREET ADDRESS	510 RIVERSIDE DRIVE	23 STREET ADDRESS	510 RIVERDALE DR.
CITY-ST-ZIP	MERRRITT ISLAND FL 32953	24 CITY ST ZIP	MERRITT ISLAND, FL 32953
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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0070347 CP